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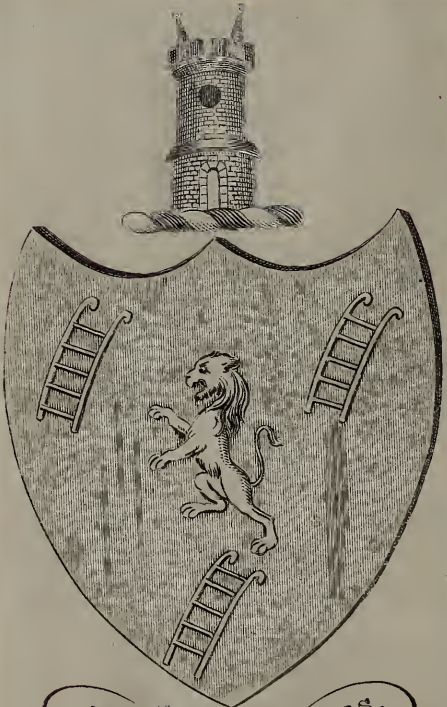

Dr. B. JOY JEFFRIES.

THE

AMERICAN MEDICAL INTELLIGENCER.

A CONCENTRATED RECORD OF MEDICAL SCIENCE AND LITERATURE.

From April 1, 1840, to April 1, 1841.

BY ROBLEY DUNGLISON, M. D., M. A. P. S.

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of Massachusetts, New York, and Maryland, &c. &c. &c.

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THE
AMERICAN MEDICAL INTELLIGENCER.

Vol. IV. **April 1, 1840.** **No. 1.**

Art. I.—BITES OF POISONOUS SNAKES, AND REMEDIES.[1]

(From Dr. Poeppy's "Reise in Chili et Peru und auf dem Amazonstrome.")

The flamon, or jegon, which is found in the province of Huaunco, and is called in Maynas, afaunida, and in the Brazils, sacurucu, appears, in some inconsiderable points, to differ from the Brazilian species, and was described by me on the spot.—(See Frorieps's "Notizen aus der Natur und Heilkunde," Oct. 1831.) It is seen from two to seven feet long; the body is flat, and towards the tail unproportionably thick, the tail itself appearing very short, and as if it were broken. The heart-shaped head about three inches broad in full grown animals, and its extraordinary thin neck, indicate at the first glance its poisonous nature, although snakes exist, which are very dangerous, and do not possess these external characters. Their hideous appearance does not however prevent the Brazilian Indians from eating both the sacurucu and the jararaca (*Trigonocephalus flavescens, Cuiv.*); and one sees with astonishment these frightful animals brought out of the woods of Ega and Coaci for the purposes of food. His brown yellow colour and rough black oblique bands, give the flamon a great resemblance to the soil, and to the decayed leaves of the thick forests in whose darkest spots he loves to conceal himself, and thus increases his dangerousness. They vary in colour and size in different districts. Fortunately they are no where very frequent, and the first and only living individual that I encountered, in my daily excursions through the thickest woods about Pampayaco, brought my life into the greatest danger.

The Indians are universally of opinion, that the greater number of snakes sleep through the dry season of the year, and only become visible after the commencement of the rain, but that then their poison is doubly dangerous. The flamon never avoids a foot passenger, but rather awaits whatever approaches, confiding in his fearful weapons, and winding himself together into a spiral, after the manner of the rattlesnake, out of the centre of which the lurking head is projected forth. Without being trod upon, or in any way injured, the malicious creature strikes at the foot of the incautious traveller, or of cows, mules, ounces, &c., and produces a wound, which although it cannot be considered absolutely fatal, yet frequently costs the life of those attacked. The flamon is never seen otherwise than lying indolently, and in all probability he seizes the smaller mammalia and amphibia, in the same way as the rattlesnake and great boa (*yacumamau*) of Maynas, that is by means of a kind of fascination, which is produced by his unmoved gazing upon them, which apparently deprives them of their senses, and prevents voluntary flight. The Indians of Maynas even believe that hunters themselves may be thus fascinated, unless some one near by passes a rod between the individual and the serpent, and thus interrupts the attracting stream which they suppose to exist between the two. In the United States attempts have been recently made, to vindicate the fact of the existence of this fascination of small animals. I have myself observed something of the same kind. I saw a great lurking snake, after more than a quarter of an hour, secure a frog which had been rendered powerless and incapable of flight during that time, and at last in a kind of despair attempted to make a spring in the direction of the snake, which cost him his life.

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[1] London Lancet, Dec. 28, 1839, p. 497.

The treatment of the bites of snakes by the natives is very various in different parts of the country. They brought me water in which the root of a large cypress had been squeezed, and amongst the Peruvians great confidence is placed in an abominable mixture (excrementa humana aqua soluta pro potu largiter hauriendo, nec non pro vulneris cataplasmate adhibentur.) *The excision and cauterization of the wound immediately employed is undoubtedly the safest plan.*

In the Alleghanies of Pennsylvania I know a hunter, who had twice in his life been delivered by this means; having after the bite of a rattlesnake, with true Indian hardihood cut out the fleshy part in the form of a hole, and filling it several times with gunpowder, suffered it to be fired. Around Cuchero much is thought of the external and internal use of tuberosa (*Margueritas*, *Polianthes tuberosa. L.*), which, perhaps on this account is generally planted. The most active means, however, is the guaco, a twining plant, which is very abundant in Maynas, and is grown on the skirts of little plantations, taking the place of the twining lianus of such places, and agrees accurately with mikania guaco. It is easily known by the large indigo-blue spots that mark the under surface of its rough leaves. This spotted character is presented by many similarly employed plants, as the blue-black spotted stalks of calladium helleborifolium; and in the heart-shaped leaves, with a dark blood-red under surface, of an aristolochia, Maynas. Whether the knowledge of the curative powers of the guaco was first brought from Quito to Heralagia by the missionaries, or whether the Indians have known this plant of old, is uncertain; the last meritorious intendente militar of Maynas, Requena, sought to extend it generally. The employment is very simple, the wound is somewhat extended, and the fresh-pressed juice is dropped into it, the surrounding parts are repeatedly covered with the pressed leaves, and the juice is also taken by the mouth. The tincture made with common brandy is also much celebrated and recommended to travellers as a secure and easily carried means of cure. In Guayaquil little cakes are formed out of the fresh-bruised plants, which when dried in the sun retain their activity for a long time. The effect of the guaco is not in all cases alike quick and decided, but observations on bitten persons, both in Maranon and Ega, prove that after twenty-four hours' use the swelling had ceased, the pain vanished, and, with the exception of little ulcers, the cure had been effected. In Yuimaguas, and especially around Muniches, every year several persons are bitten by snakes, but the guaco had acted so efficiently, that, in the memory of men only two children were known to have died from such wounds. Only against one kind of snake is this remedy said to be useless, the uuuca machacaya, which is of a lively green colour, and about three feet long.

The guaco, of Colombia, judging from some leaves that were brought by merchants to Nasso, coming down from Moyobamba, is entirely the same as that of Yuimaguas, Pebas, and Ega. Both as a remedy and a prophylactic, it has made a great noise in Colombia, and a long essay of Dr. Man. Maria Zuigano (*Gazeta de Bogota*, 1829) gives some valuable information, which, on the supposition that they may not be generally known, I have given an abstract of, leaving out those facts which Virey (*Bulletin de Pharm:* VI. p. 244) has made known and derived from the same source:—"The guaco is known and treasured in all Colombia as an infallible remedy, and the experiments of Drs. J. C. Mutis and D. N. Mutis, in Mariquita, and

Dr. P. F. Vargas, give favourable results. In the snake-infested Choco, especially around Buenaventura, its employment is very old. In the forests of Magdalena and Caqueza it has been lately introduced by the zeal of the priests. According to the report of Father Nieto, 220 natives were bitten in Fomeque, within eleven years, but, with the exception of eight persons, they were all cured through the treatment of the guaco, lemon-juice, and salts. In the parish of Ubaque more than 200 persons were bitten in fourteen years, and, with the exception of a girl, in whose case no remedy was applied, they were all cured by the use of the guaco. D. Andres Perez, rector of Caqueza, had preserved many of his parishioners by means of the guaco, which he had employed externally and internally, in combination with the cupping glasses and ammonia and oil. He tells an anecdote, which sounds rather fabulous, of the effects of the guaco upon the snake itself. One of the poisonous kind having had some of the juice administered to it, fell into a state of stupefaction, and afterwards, in spite of several bites, it was no longer in a condition to kill even a little dog, as its poison had lost its activity. The inoculation with the use of the guaco has long been used in Colombia as a preservative. D. Josemaria Esteves, Bishop of St. Marto, subjected all Indians to this operation, the consequence of which was, that they lost all fear of snakes." In this account there is undoubtedly some exaggeration, but that the plant possesses considerable powers is to me certain, from the numerous opportunities I have had of observing its effects on bitten Indians. A new medicine, under the name of guaco-root, was brought a few years since from Vera Cruz to Hamburgh, (see *Pfaff Mittheil.* and *Gaz. d. Med. Chirurg. u. Pharm.*, 1833, p. 352); but it possessed no properties in common with the mikania guaco, and the root of the plant is not used by the Indians.

Besides the guaco, there is a little plant with yellow blossoms (herpestes colubrina,) which is said to be still more active. The truth of this assertion I have had no opportunities of confirming. At Lamas the dorstenia tubicina, R. Pav., which is very common there, is used. In Ega they employ aristolochia cynanchifolia, Mart., and the fallen leaves of some unknown herbaceous plants, probably of a lesbaina or some of the rubiaceæ.

The symptoms, after a wound by a snake, are in the highest degree alarming. In my own case the pain commenced in the inguinal glands in less than ten minutes after the bite, and with such violence and so rapid swelling that the free use of the entire limb was lost. After a quarter of an hour, nausea, pain in the head, dimness of the eyes, and a partial palsy of the tongue came on; and at the same time an indescribable burning sensation, apparently more in the course of the bones than between the muscles, occurred in the wounded foot. In less than half an hour the fever had reached a great height, the operation[1] was over, and the repeated fits of fainting were followed by stupefaction, which probably gave to the external observer the appearance of actual death. During this state, which lasted about eight hours, some blood flowed from the nose, which is considered by the Indians a fatal sign. On awaking, the rending pain was very severe, but changed in its character; the leg, even up to the hip, was swollen to a frightful size, perfectly immovable, cold, and on the surface destitute of feeling, but sensible, even to pain, of the slightest shaking; the breast and upper arm of the same side were likewise swollen. A copious perspiration, with fever and headach, had commenced, consciousness was perfect, and a crisis was evident. Fomentations of polianthes and mucilaginous drinks were used, and the wound was dressed by an Indian, with a warm poultice, made from the leaves of tobacco and the solanum incanum, R. Pav., a beautiful tree, which in the neighbourhood grew very abundantly; but it was two weeks before the swelling would permit even the leaving of the bed. The wound healed very slowly, and only at last closed by the constant use, for many weeks, of the very astringent bark of the macronemum corymbosum, R. Pav. The fever left after the establishment of suppuration, and the peculiar pain of the poisoning disappeared at the same time. No other consequence was felt besides a kind of nervous sensibility, disagreeable enough, which produced a shuddering and trembling at the slightest noise during an excursion, and induced great horror at even the sight of a dead snake.

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[1] This operation, which is described in the text, consisted in the excision, or, rather, from the want of better instruments, in the tearing away by a pack-needle, a portion of the skin and muscle in the region of the wound, and the subsequent application of a piece of red-hot gold, the superstition of the Peruvians not allowing them to apply silver or iron.—Translator.

Whether ammonia is useful against the bites of American snakes I do not know; little confidence is placed in it in the interior of America. Arsenic and corrosive sublimate are both celebrated in Peru and Colombia. But prevention is better than cure, and by an adequate clothing for the feet, and other little foresights, preservation from the ordinary possibilities of wounding may be insured, as poisonous snakes in hot regions are nothing near so frequent as is generally supposed.

For the American Medical Intelligencer.

Art. II.—COLD DOUCHE IN ENCEPHALITIS.

BY ABNER HESTER, M. D., NEW ORLEANS.

[This is an additional instance to the many we already possess of the utility of the cold douche, as a revellent, in encephalitis and cerebral excitement. Dr. Hester ascribes the disease to what he considers improper treatment on the part of the physician, who preceded him in attendance. We regret to see this. Charity and correct professional etiquette should induce us to be very cautious in making these charges, especially as in all such cases good reasons could, we doubt not, be assigned for the course animadverted upon.—Ed.]

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New Orleans, La., February 28, 1840.

Dr. R. Dunglison, M. D.

Dear Sir.—I send you the following case, and should you find it worthy a place in your valuable Journal, you will please insert it, and oblige, very respectfully yours.

Abner Hester, M. D.

On the night of the 14th of August, 1838, I was requested to visit, at 12 o'clock, W. R., æt. 25, who was said to be dangerously ill. I ascertained that he had been under the treatment of a physician for several days, and I accordingly desired the attending physician to meet me in consultation on the case. This he declined, asserting nothing could be done for the patient—that he must inevitably perish, since medicines could not arrest the progress of his disease. Being earnestly solicited by the friends of the sick man, I consented to see him. Some days previously, after fatigue, and exposure to a hot sun, he was suddenly seized with an affection of the chest, attended with cough, and some pain, on taking a full inspiration. In his person he was tall; muscles well developed; chest rather contracted and sunken; cranium small, and indicating a feeble intellect. As his physician was opposed to blood-letting, he gave him pectorals, and anodynes, into which opium entered largely. Previously, however, to this, the patient had been seriously devoting his time to the study of some new religious doctrine.

The influence of religious impressions, joined to the treatment, soon determined the excitement and irritation to the brain and its membranes, which in the course of a few hours, exploded with dangerous symptoms. This continued to increase for two days and nights, under increasing doses of opium and other "nervous sedatives." W. B. was at this time quite unmanageable, his countenance was flushed—his eyes injected, and rolling in "liquid fire"—breathing vengeance and threatenings against all who entered his chamber. It was not without great difficulty that I could examine his pulse. This I found remarkably full, and incompressible—slow and creeping, which, from the agitated and excited state of the patient's brain, created some surprise. His tongue was dry and coated—skin hot, and free from the least moisture. The primitive pectoral symptoms were entirely merged in the encephalic inflammation. After at least two hours trial and delay, I succeeded in opening a large orifice in one of the veins of the arm. The blood flowed until the pulse fell and the skin became moist. He also grew somewhat calm.

To second the bleeding, I ordered stimulating hot pediluvia, and an active dose of prot. chlorid. hydrarg. and ext. colocynth. comp. was administered in some sugared coffee, this being the only beverage he could be induced to take. August 15th, patient more composed, after the V. S., pediluvia, and administration of the purgative.

Two or three copious dark dejections were procured by the medicine, assisted by laxative and stimulating lavements. Pulse 80, full and somewhat resisting; condition of tongue improved a little. V. S. repeated ad deliquium animi. For first time, patient recognised those around him—answered a few questions. Much conversation, however, prohibited in his presence. Continue cathartic medicines, in small, but repeated doses. Ordered his head shaved, (it was impossible to effect this before, owing to the intractable disposition of the patient.) Cold applications to the head, light excluded, and every cause of excitement carefully guarded against. Patient improving—some appetite—light soups—cerebral symptoms somewhat aggravated, in consequence of patient's rising from bed to chastise his nurse. Cups to occiput. At this time pectoral symptoms returned, with some pain, and slight cough—respiration hurried. Blister to affected side—expectoration mucous—pulse feeble. In this manner he gradually improved, but as the cerebral inflammation subsided, the pectoral affection seemed increased. This I, however, attempted to obviate by keeping up a discharge from the blistered surface. Nothing occurred to impede the progress of the cure, until the night of the 17th, when, by mistake, the nurse gave him two or three large potions of camphor mixture, which induced violent delirium, restlessness, and great agitation. Pulse small, and frequent—skin dry—tongue coated—secretion from blister arrested.

As repeated venesections, cups, and active cathartics, had greatly reduced the powers of the system, I could not appeal to them the second time, without hazard of life. I therefore, as the last remedial agent, resolved to test the efficacy, in this case, of cold affusions upon the head.

This surpassed my most sanguine expectations—it soothed the feelings, regulated the pulse—"quenched delirium," and the patient became peaceable, and rational, expressing for the first time some gratitude for our kindness and attention. A quiet sleep was brought on, after a short time, which only left him, to give place to convalescence.

P. S. The above case occurred in a neighbouring state.

ART. III.—CLINICAL LECTURE ON INTERNAL UTERINE HEMORRHAGE.

BY J. T. INGLEBY, M. D.[1]

Fellow of the Royal College of Physicians, Edinburgh.

On the present occasion I wish to call your attention to the subject of uterine hemorrhage, in one of its most peculiar and imminently dangerous forms—I mean hemorrhage accompanied by a detachment of the placenta, together with an infiltration of blood in its substance, constituting what has been termed *placentary apoplexy*, and arising about the close of pregnancy. It may occur either independently of labour, or whilst labour is progressing. The one object I have in view being to have the matter fully understood by you all, I will enter upon the subject without further preface, studying only plainness and clearness of description.

I have said I wish to call your attention to hemorrhage, accompanied with detachment of the placenta. First of all, then, I would have you observe, that the detachment usually commences *about the centre* of the mass, and extends to every part of it, the edge excepted, which maintains its natural apposition; consequently, a large quantity of blood soon becomes confined between the placental and uterine surfaces. The uterine tumour at these points becomes raised in proportion to the amount of effusion, its rapid augmentation constituting the most striking feature in the case. But it is important to observe, that the effusion may commence *any where between the centre of the placenta and its edge*, which almost necessarily becomes more or less detached, so that whilst a large coagulum is confined, partly underneath the placenta and partly exterior to the membranes, the liquid blood continues detaching the membranes until it reaches the vagina: I have seen both forms of hemorrhage. The first, or *concealed* form, from its greater liability to deceive the practitioner than the second, may be regarded as the more dangerous case, although the extent of hemorrhage *in this form* is less considerable than *in the other.* I shall presently state a remarkable exception; but this, as a rule, is generally correct.

CASE.—Mrs. B. has ten or eleven children, and was subjected to my professional notice when about nine months advanced in pregnancy. During the night of Friday, Sept. 8, a discharge of blood, both clotted and fluid, occurred several times; and at three o'clock, on Saturday morning, my friend Mr. Rice was called to see her. Although she had reached the full period of pregnancy, no pain took place until subsequently to the attack of hemorrhage, and the degree of pain which then arose was inconsiderable. The amount of hemorrhage was trifling, three napkins only having been stained, but the depression of the general system had progressively increased, and was at that time most alarming. On examining the uterine tumour, Mr. Rice's attention was immediately directed to a very marked singularity in its shape, the shape being exceedingly pointed, having its long diameter in the antero-posterior direction. I accompanied Mr. Rice to the patient at eight o'clock. A. M. There was great prostration of strength, an exsanguine countenance, and the gaping which attends the state of syncope. The pulse was feeble and slow, and the defined eminence which occupied the summit of the uterine tumour, and for some extent around it, was much more elastic than the surrounding parts. Under a strong conviction—a conviction previously entertained by Mr. Rice—that the symptoms depended upon a large internal effusion of blood, I recommended immediate delivery; and, as Mr. Rice entertained similar views of the case, he undertook the operation without delay. Although there had been no regular labour-pain, the uterine orifice was moderately well dilated, and the membranes were sufficiently distended to admit of the bag being very easily ruptured. The circumstance of the membranes being *distended*, deserves your notice in reference to the manner in which the liquor amnii acquired its bloody appearance. On the membranes being ruptured, a large amount of deep-coloured, bloody fluid instantly rushed out of the vagina. During the delivery of the lower extremities, a quantity of tolerably consistent blood, mixed with small clots, continued to escape, and, on the completion of the delivery, an immense clot was expelled somewhat forcibly. This was rapidly followed by the placenta having, upon its uterine surface, and within about a third of its texture, a mass of coagulated blood. The coagula were so interwoven with the parts as to admit only of very partial removal, and this not without tearing the placenta. The shape of the placenta was sacculated at such of its parts as were not infiltrated, but merely covered by clot, the greater part of the blood having been confined in the sac. Brandy and the tincture of ergot, in combination, were resorted to several times during the delivery with excellent effect in sustaining the pulse, and securing an efficient uterine contraction. The patient would necessarily have been greatly alarmed by the vast disgorgement of blood from the uterus, had we not prepared her mind for the occurrence. As there was no direct escape of blood from the general system, there was no actual shock; rather, indeed, a revival from impending death to a state of comparative security. The large clot, of which I spoke above, weighed two pounds; and the liquid blood, such as, at least, could be collected, weighed two pounds more. Making allowance, then, for the blood which had become mixed with the liquor amnii, as well as for the blood which had escaped on the bed and napkins during the night, the actual loss, within six hours, must have been *upwards of five pounds, at the least.* It is certain that the uterus contained, at the moment of delivery, upwards of four pounds. I need scarcely say, that under so large and so sudden an effusion the fœtal circulation would very speedily cease.

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[1] London Lancet, Jan. 11, 1840, p. 553.

And now, gentlemen, let us inquire what practical inferences can be deduced from this narrative? Let us examine it in several points of view.

1st. *The mode of attack.*—The attack occurred *suddenly*, and was not the result of external injury—a very probable *means* of producing not only separation, but laceration of the placenta,[1] and laceration even of the uterus itself. Each of these injuries I have personally witnessed as the result of physical force, but in this case there was no pretence whatever for supposing the existence of such a cause. The circumstances which occasioned the separation of parts, and consequently the effusion of blood, can however only be conjectured. We can only say, with any certainty, that the effusion must have proceeded from a very large vessel.

2dly. *The symptoms.*—The symptoms were both *local* and *constitutional.* The former comprising the hemorrhage, which appeared external to the body—the shape of the uterine tumour—the *sensation* imparted to the hand when placed over its most projecting part (a sensation of undue elasticity when compared with the very slight elasticity which characterised the other parts of the uterine tumour,) and the peculiar character of the pains, the feeling being one of distress from distention, rather than of suffering from contraction. Hence it is impossible to resist the conclusion, that the pains arose as a consequence of the effusion. It has been already observed, that the pains were preceded by visible hemorrhage. The *constitutional symptoms* were merely those that are common to all severe hemorrhages, viz. torpor, drowsiness, repeated syncope, a pallid countenance, a feeble slow pulse, gaping, and coldness of skin.

I have only one remark to offer, in reference to the depression of the system, viz. that it was very great, and yet altogether disproportionate to the amount of visible discharge. Still the fact of an existing visible hemorrhage would naturally impress the mind with the conviction, that the sinking of the vital powers and the hemorrhage, slight as it was, must have had an important connection. In this respect, the evidence, if not altogether conclusive in the instance before us, was far more conclusive than characterised several fatal cases of a similar kind.

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[1] The case related by Mr. Wildsmith is a striking instance of this kind. The patient died during pregnancy, and on examination, P. M., a clot of blood was discovered, weighing eighteen ounces, at the anterior part of the fundus of the womb, and the placenta was lacerated.—See *North of England Med. and Surg. Journ.*, vol. i. p. 446.

3dly. *The condition of the membranes and of the liquor amnii*, is a point not altogether destitute of practical interest. There was nothing peculiar in the state of the os uteri; it was relaxed and partially open, but these characters are common to the uterine orifice at the close of pregnancy, in a person having had sevaral children, as was Mrs. B.'s case. The membranes were apparently entire, the presenting portion being moderately distended with fluid. *The liquor amnii* had a very bloody appearance, and gushed out very forcibly on the bag being ruptured. In its passage through the vagina, it is indeed usual for the liquor amnii to acquire a stain from the blood which may be lodging there, but here the fluid was uniformly bloody, the colour being almost as deep as blood itself. The precise cause of this is not easily explained. The fœtal side of the placenta was perfect, consequently the stain must have taken place, either from a slight tear at the edge of the placenta (a circumstance which would not prevent the presenting part of the sac from being moderately distended,) or it must have been the result of transudation. I incline to the former opinion, the *period* of transudation having been very short, although the transuding *surface*, from the size of the coagulum, was considerable. Certainly the fact of the liquor amnii not containing coagula may be supposed rather to favour the view last suggested. One is naturally led, therefore, to make an inquiry as to the source of the blood. Did it proceed from the placenta itself, or from the vessels of the uterus in connection with it? What are the probabilities? The placenta was very pulpy throughout, and about one third of the mass, from the edge towards the centre, was so completely infiltrated with blood, as to render the removal of the clots impracticable without breaking up the structure of the placenta itself. *Consequently it was impossible to detect any open vessel.* I am disposed to think, that the blood proceeded from the uterine system and not from the placental, and I will give my reasons for this opinion. As already observed, the infiltration was very limited in its extent, although it pervaded the whole thickness of the mass. Now, had the blood emanated from the interior of the placenta it could only have proceeded from a large vessel belonging to the umbilical system, and it is more than probable that the *greater part* of the placental mass would have been infiltrated. Moreover, had the case been so, I think the extravasation would have been apparent through the coverings of the fœtal surface. But it was not apparent in any degree. Neither is it probable that the blood, after traversing the interior of the mass, could have retained its fluidity sufficiently long to have passed in such large quantities into the uterine cavity. I can only account for the infiltration, by the supposition of a breach of surface having taken place in the placenta, whilst the extent of detachment was slight.

Such is as complete an outline of this remarkable case as it is possible to set before you in a lecture; and, considering the danger young practitioners are in, of forming a wrong judgment upon the symptoms, and the danger of improper treatment to the patient, I do most earnestly press upon you the duty of a careful study of this and similar cases. I will now lay before you all the information I have been able to obtain on this particular kind of hemorrhage, and a case or two not previously recorded. My own work, on "Hemorrhage," contains scarcely any thing on the subject; indeed the records respecting it are very scanty. Dr. Simpson's elaborate paper, on "Diseases of the Placenta," contains several references to the class of cases immediately before us; I recommend you to peruse this paper carefully. It evinces great research, and is replete with practical information.[1] Dr. Merriman alludes very briefly to the circumstance, that syncope, or even death itself, may be occasioned by an effusion of blood between the uterus and placenta, whilst "there may be very little appearance of discharge from the vagina." Dr. Blundell, also, in adverting, in general terms, to instances of death occurring suddenly in the last months of pregnancy, observes—"On laying open the body after death, two or three pounds of blood may be discovered within the cavity of the uterus, and this, too, although there may have been no external bleeding." The first case which I have met with is related by the celebrated Albinus,[2] where only the central part of the placenta being loosened, a large quantity of coagulated blood was lodged between it and the uterus, as it were, in a bag, and, consequently, not a drop was discharged per vaginam. "Had the nature of the case been understood (observes Albinus,) the patient might have been saved by rupturing the membranes, and delivering immediately." Four cases are related by M. Baudelocque. The mother was saved in three of the cases, but the child perished in each of them. In one of these the quantity of blood behind the placenta was estimated at four or five *palettes*.[3] Baudelocque relates a fifth case; the hemorrhage, however, took place within the membranes, and not behind the placenta. Two cases are related by M. de Laforterie; the first case terminated fatally, after twelve hours' labour pain, and before competent assistance could be obtained.[4] M. De Laforterie, however, performed the Cæsarean operation, and, on opening the fundus uteri, a pound and a half of liquid black blood immediately gushed out, which had been contained in a sac, between the placenta and the uterine surface, the centre of the placenta having been detached, while the edge remained adherent. The child was extracted alive, but speedily died. In the second case, the quantity of blood is said to have measured three French *chopines*.[5]

Mr. Saumarez adduces a well-authenticated, but fatal case, of this form of hemorrhage. There was no discharge per vaginam. On examination, P. M., the placenta was every where detached, excepting its edges, which "were completely adherent, forming a kind of *cul de sac*, into which blood had been poured to the amount of a pint and a half, which had become coagulated within the cavity thus formed." The patient was also attended by Drs. Denman and Denison.[6] Dr. Hamilton describes two cases. In the first, premature labour occurred spontaneously. "In the central part of the placenta a strong coagulum of blood, the size of an afternoon teacup, was discovered. The adhesion of the edges of the placenta had saved the patient." The result of the second case was less fortunate. The symptoms were those of collapse, and "the lady felt as if she were going to burst; there was no discharge from the uterus, and no symptoms of labour. Immediate delivery was accomplished, by passing the hand into the uterus, and a dead infant was extracted, which was followed by an immense quantity of coagulated blood and the placenta. The patient almost instantly expired."[7] I now refer you to a very clear and concise paper on this subject, illustrated by a particularly well-marked case, by my friend, Mr. J. M. Coley.[8] The effusion was characterised by a sudden enlargement of the uterine tumour, together with a sensation of pain, as though the abdomen would burst, and by frightful collapse of the vital powers. There was no discharge whatever from the vagina. Delivery was accomplished by rupturing the membranes, and the administration of ergot; and, on the expulsion of the placenta, it was ascertained that blood had been effused, between the placenta and the uterus, to the amount of two pounds, and also extravasated within the placental cells.

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[1] See "Edin. Med. and Chir. Journ." for April 1, 1836.

[2] "Annot. Acad.," lib. i, c. 10., p. 56.

[3] The *palette* contains four ounces.—Ed. L.

[4] See "Journ. Gén.," tom. 29, p. 384, and quoted in Mons. C. A. Baudelocque's "Traité des Hæmorrhagies Internes de l'Uterus."

[5] The *chopine* contains about an English pint.—Ed. L.

[6] See No. 6, "New Lond. Med. and Phy. Journ.," p. 535.

[7] See "Prac. Observ." part ii., p. 235–6.

[8] See Lancet for 9th January, 1830, p. 498.

I shall now mention two cases which have presented themselves to my notice. Some weeks ago I was requested to see a woman, reported to be in convulsions. Before I could reach the house she had expired—labour was supposed to have commenced the preceding evening. A respectable surgeon employed in the case, finding the pains excessively feeble, and the system much depressed, ruptured the membranes. The liquor amnii was colourless, and no hemorrhage was observable at any time. The body was examined, P. M., by the surgeon just alluded to, assisted by my friend Mr. Wickenden and myself. The form of the uterine tumour was strikingly conical. On cutting through the uterine parietes, so as barely to receive the end of the scalpel—fluid blood rushed out like the stream in venesection. By means of a sponge 60 ounces of liquid blood were collected, and, on enlarging the aperture, a coagulum was removed which weighed 61 ounces, the whole comprising 121 ounces of blood; the plecental edge was still adherent, so that there had been no escape of blood underneath the membranes. The circumference of the placenta was inordinately large. The other case, which, in several respects, is unlike the one just reported, derives an interest from the amount of blood being very trivial, and yet proving fatal to life. A young woman, from three to four months pregnant, having just eaten breakfast, went upstairs in perfect health and spirits to make her bed. She returned very quickly, complaining of feeling very ill, sat down in a chair, and expired. An inquest was held, and the body reported to be perfectly healthy. On the close of the inquest the impregnated uterus was brought to me unopened, as a fine specimen of natural pregnancy. On opening it a portion of clot of blood appeared to view. It had lacerated the chorion to a very slight extent only; but, on removing it from its bed, between the amnion and the chorion (a most singular situation to contain so large an effusion, of which Baudelocque gives no example, but refers to several examples shown him by Professor Deneux,) it was found to weigh four ounces. A slight stain was also observed on the woman's linen, which from its dampness must have been recently produced. She died in a state of syncope. The nervous system must have received a severe shock at the moment of the laceration, for, of itself, so small an amount of blood could scarcely bring life into danger, even in the sitting posture. The sudden uterine distention might have had an important connection with the fatal depression of the action of the heart. The indications of treatment, in cases attended with a large internal effusion of blood, are very simple, viz. evacuating the uterus, and securing its effective contractions. In the form of hemorrhage, termed "accidental," the mere rupture of the membranes is the practice generally pursued, and with marked success—the hemorrhage ceases, and labour presently comes on; but, in an exigent case of internal hemorrhage, the same reliance cannot be placed upon this simple operation. The objections are threefold.

1st. The chance of the uterine contractions, either not coming on, or proving inadequate to constringe the bleeding vessels—a highly probable supposition, considering the mass of the blood which may intervene between the uterus and the membranes.

2dly. The uncertainty of the period of time which elapses previously to contractions arising.

3dly. The impossibility of determining at the moment, whether or not the hemorrhage is arrested, our opinion being regulated entirely by the constitutional symptoms.

Mr. Coley's patient was treated by the rupture of the membranes merely, and the administration of the ergot of rye; pains came on in three hours and fifty minutes afterwards, and the child was expelled by the natural powers. Mr. Coley was deterred from turning the child by "the deathlike state of collapse."

In a case already described, attended with an effusion of 121 ounces of blood, the rupture of the membranes had no effect whatever in producing uterine action, I do not recollect whether or not the ergot was given. Hasty conclusions, derived from solitary cases, are often incorrect, and I would not be understood to say that a case may not occur like Mr. Coley's—the patient being almost *in articulo mortis*—where the milder practice might not be preferable to the sudden evacuation of the womb. Indeed, as I have already stated, Dr. Hamilton's patient died immediately upon artificial delivery. Still, whenever there is reason to believe the hemorrhage is going on, the evacuation of the uterus, by turning the child, should be undertaken at any risk, for it is very probable, that during the time we are waiting for the natural action of the womb, an additional quantity of blood may be gradually pouring out, calculated to terminate life. If this be true, the plug must indeed be a most dangerous remedy in such cases, and yet Mr. Baudelocque recommends it as a temporary measure, provided the os uteri is too rigid to admit of the hand. Nevertheless, he enforces the practice of immediate delivery as early as possible, and happily the os uteri will almost always be found abundantly relaxed for the purpose. Sufficient evidence has been adduced to show you the great danger of all cases like the present, and the inevitable consequences of indecision. Had Mr. Rice been a less thoughtful and cautious practitioner, than he is known to be, his patient would most certainly have perished—for like cases of placental presentation, nature is unequal to the emergency, and art has the pre-eminence. Amidst much that arises to discourage us in the exercise of this most responsible department of medicine, we now and then possess the certain conviction of having been, under Providence, directly instrumental in the preservation of human life—perhaps (as in this case) preserving the life of the mother of many children.

BIBLIOGRAPHICAL NOTICES.

Sir C. Bell's Surgery.[1]

Of the character of the author as a professional writer it is needless for us to speak. His name is inseparably associated with the progress of medical science in the nineteenth century.

The work before us is intended as a guide to the chirurgical student; but it necessarily contains—proceeding from such a source—a great amount of matter most valuable to the practising surgeon. It is under such views, that we have selected it as the first work for the fourth year of the "Library," and accordingly it is commenced in the present number.

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[1] Institutes of Surgery, arranged in the order of the lectures delivered in the University of Edinburgh, by Sir Charles Bell, K. G. H., F. R. SS. L. and E., Professor of Surgery in the University of Edinburgh, &c. &c. 2 vols. 12mo.

MISCELLANEOUS NOTICES.

American Statistical Association.—We are pleased to observe that a society under this title has been lately instituted in Boston—the objects of which are—"to collect, preserve, and diffuse statistical information in the different departments of human knowledge." Institutions of a similar kind in Europe, have led to the collection of a vast amount of important information to the political economist and the physician. As a member—for they have conferred upon us the honour of membership—it shall receive from us every aid and support, and we doubt not that a large mass of valuable materials will be collected, when it is in energetic action.

Jefferson Medical College.—According to the published catalogue, the number of students, during the past session, was 145; whereof there were from Pennsylvania, 49; Virginia, 27; Maryland, 9; New York, 10; South Carolina, 8; New Jersey, 7; North Carolina, 5; Georgia, 4; Maine, 4; Ohio, 3; Alabama, 2; Nova Scotia, 2; Delaware, 2; Connecticut, 1; Michigan, 1; District of Columbia, 1; Missouri, 1; Mississippi, 1; Massachusetts, 1; New Hampshire, 1; Louisiana, 1; Lower Canada, 1; Upper Canada, 1; England, 1; Ireland, 1; Bermuda, 1.

The catalogue is preceded by an address from the board of trustees, in which they speak in strong terms of the wholesomeness and prospects of the school.

Dr. Gerhard.—Resolutions of the Students.—We have much pleasure in publishing the following resolutions in favour of Dr. Gerhard.

A portion of the medical class of the University of Pennsylvania, who have attended the lectures at the Philadelphia Hospital, being desirous of expressing their sense of the value and importance of clinical instruction, and of their obligations to Dr. W. W. Gerhard, for the able course of lectures delivered by him at that institution during the present session, have met together for that purpose; therefore,

Resolved, 1st. That we consider clinical instruction the most important method of teaching the pathological states of the system, and of familiarizing the mind of the student with the means of correcting the aberrations from the standard of health.

2d. That we consider the course of lectures now being delivered on clinical medicine, at the Philadelphia Hospital, of great value, particularly because of the truly scientific as well as practical manner, in which diseases, involved in much obscurity, are elucidated.

3d. That we consider Dr. Gerhard eminently qualified to give instruction in clinical medicine and pathological anatomy, and that we particularly admire his unequalled skill in illustrating the diseases of the thoracic viscera.

4th. That a committee of ten be appointed to present a copy of these resolutions to Dr. Gerhard, and to tender him our thanks for the zeal and ability which he has manifested in the interests of the class.

5th. That these resolutions be signed by the chairman and secretary, and that a copy of them be presented to the Faculty through their Dean.

6th. That a copy of these resolutions be also sent to the Medical Journals and newspapers of this city, with a request that they publish them.

The committee appointed under the fourth resolution, consists of the following gentlemen: Drs. C. Quarles and R. Kownslar, and Messrs. T. B. Lamar, M. A. Page, T. R. Spencer, W. H. Van Buren, Allen Gunn, H.

Selden, T. L. Walker, and J. R. Justice—on motion the chairman was added to the committee.

J. A. PLEASANTS, M. D., *Chairman.*

L. S. JOYNES, M. D., *Secretary.*

Scientific Rewards.[1]—Gold medals, of the value of 1,500 francs each, have been awarded by the Royal Academy of Medicine to Drs. Bright, Martin Solon, and Rayer, for their labours on disease of the kidney; a medal, of equal value, to M. Ricord, for his work on the venereal disease; and the sum of 1,000 francs to M. Martin for improvements in the mechanism of artificial legs.—*Gaz. Méd. de Paris*, No. 1, 1840.

Treatment of Chlorosis with the Lactate of Iron.[1]—The lactate of iron has recently been introduced into practice by MM. Gelis and Conté, internes at La Charité. Reflecting on the difficulty of administering the preparations of iron, these gentlemen recommend the use of the lactate in lozenges. This preparation is very soluble, and may be administered in much smallar doses than other preparations of iron—the subcarbonate, for example. M. Bouillaud never gives more than twenty grains in the twenty-four hours; MM. Andral and Fouquier seldom exceed twelve grains.

The following cases show the effects of lactate of iron in cases of chlorosis:—

CASE I.—*M. Andral.*—Josephine Leiter, 17 years of age, admitted on the 23d November last. Seven months ago she was much frightened, and since then her health has rapidly declined. The menstrual discharge became irregular, and of small quantity; appetite lost; the least exercise produced palpitation of the heart and blowing respiration; *bruit de diable* in the carotids.

Twenty days after admission she commenced taking the lactate of iron in doses of six grains a day. On the 10th day her appetite was much improved; the dose was increased gradually to twelve grains. On the 6th of January the catamenia appeared; they were abundant, and the blood was of a good colour. Since then she rapidly improved.

CASE II.—*Amenorrhœa.—Chlorosis.—M. Fouquier.*—Caroline Blessodser, 21 years of age, enjoying good health, had always menstruated regularly up to the age of 19, when the catamenia were suddenly arrested by her imprudence in plunging the hands in cold water during the flux. The suppression persisted for 18 months, and was accompanied by all the symptoms of chlorosis. On the 19th month the menses reappeared under the use of iron and other emmenagogues, but were soon suppressed again, and remained so for four months.

Present state.—Face puffed; appetite lost; bowels constipated; palpitation of the heart on the least exercise; headach; vertigo; pain and œdema of the lower extremities; *bruit de souffle* in the heart; slight fever.

Nov. 22, (the day after admission). Six grains of lactate of iron.
24. Appetite improved.
26. Headach and fever have disappeared. Eight grains.
29. Appearance of the menses. Ten grains.
30. Neuralgia of the supra-orbital nerve. Twelve grains.
Dec. 4. Appetite good; no palpitation; no vertigo, &c.
6. Discharged quite well.

CASE III.—*Chlorosis and Amenorrhœa after delivery.*—A lady, 22 years of age, was delivered in November, 1839. The labour was followed by phlebitis of the lower extremities and well-marked chlorotic symptoms; paleness and tumefaction of the face; palpitations and blowing on the least exercise; gastralgia; suppression of the menses, which had, hitherto, been regular. During the summer the patient went to the country, and became much better; but, on her return to Paris, the symptoms of chlorosis recurred with increased force.

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[1] London Lancet, Feb. 1, 1840, p. 707.
[2] Ibid, Feb. 8, 1840, p. 740.

Dec. 1. Lactate of iron, in the dose of eight grains every day. Three days afterwards increased appetite; in eight days loss of the habitual paleness; in a fortnight the patient was able to take a long walk; and about the beginning of January, 1840, the chlorotic symptoms had completely disappeared. On the 10th, fourteen months after delivery, the catamenia reappeared for the first time.—*French Lancet, Jan.* 23, 1840.

University of Edinburgh[1].—Dr. J. T. Simpson, has been elected Professor of Midwifery in the University of this city, in the place of Professor Hamilton, by a majority of one vote in the town council:—

For Dr. Simpson,	17
For Dr. Evory Kennedy,	16

NECROLOGY.

Dr. Parrish.—It is with great regret that we have to notice the death of this estimable and excellent physician. We hope to be able to give a sketch of his useful career in a future number from the pen of some one who was more intimately acquainted with the particulars than we: in the meantime we cheerfully publish the following tribute to his memory from a society of which he was long a most valuable and energetic member.

Dr. Parrish died at the green age of 63.

At a special meeting of the Philadelphia Medical Society, held on the 19th of March, 1840, the Vice President, Prof. S. Jackson, being in the chair, the following preamble and resolutions were adopted:—

Whereas, it appears to this society to be proper that, upon the decease of an eminent member of this body, some expression of the sentiments of his remaining brethren upon the occasion should be made public: and, whereas, it hath pleased the Divine Providence to remove from this world our late esteemed and beloved member, JOSEPH PARRISH, M. D.: It is therefore,

Resolved, That we have heard with profound regret of the decease of that eminent physician, whose professional skill, humanity, and liberal and just conduct, have long endeared him to us, and to the profession at large in this city.

Resolved, That we deplore the loss of a physician, whose long career in the practice of his art, has been distinguished by the most brilliant success, accompanied by a modesty, and ingenuousness of conduct, which secured to him the affectionate attachment of the medical profession of this city, as well as their highest respect.

Resolved, That a member of this society be requested to prepare and deliver before this body, a biographical account of the deceased, in order that, although his present and living example has ceased from among us, some permanent memorials may be secured, of a life, which has been highly useful to the medical body, by a pure example of morals, by great attainments in medicine and surgery, and by a rare moderation fit to be preserved as the model of a wise, benevolent, and upright physician.

Resolved, That the members of the society wear crape on the left arm for thirty days, as a testimony of their feelings as expressed in the foregoing resolutions.

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[1] London Lancet, Feb. 8, 1840, p. 744.

Resolved, That the members of the society will attend the funeral of the deceased, to-morrow afternoon at 3 o'clock, and that we hereby invite the physicians of this city to meet with us at our Hall, in order to join with us in the manifestation of due respect to the deceased.

Resolved, That a committee of three members be appointed to present a copy of these resolutions to the family of the deceased.

Chas. D. Meigs, M. D., R. Coates, M. D., and Caspar Morris, M. D., were then appointed a committee, to carry into effect the object of the last resolution.

On motion of Dr. Caspar Morris, seconded by Dr. West,

Resolved, That Dr. Geo. B. Wood be respectfully requested to prepare the memoir contemplated in the above resolutions.

On motion of Dr. T. S. Kirkbride,

Resolved, That an account of the proceedings of this meeting be published in the medical periodicals of the city, and in the city morning papers of to-morrow.

EDWARD HARTSHORNE, Junior, Recording Secretary.

March 19th, 1840.

Resolutions expressive of the worth of the deceased have likewise been passed by the managers of Wills Hospital, over whom he had presided since the first organization of the charity.

Since furnishing the above we have received the following:

At a meeting of the former pupils of the late Dr. Joseph Parrish, held at the Hall of the Medical Society on the 21st of March, 1840, Professor Wood was called to the chair, and Dr. Norris appointed secretary.

The following resolutions offered by Professor Morton, were adopted:

Resolved, That we contemplate with feelings of unfeigned sorrow, the demise of our venerated friend and preceptor, Joseph Parrish, M. D.

Resolved, That we regard the death of this estimable man as a severe loss, not only to the medical profession, but to the community at large, and above all to ourselves, who have been instructed by his precepts, and fostered by his kindness.

Resolved, That an intimacy of many years continuance, has tended more and more to enhance our esteem for his many virtues, his amiable manners, and his professional skill.

Resolved, That a copy of these resolutions be presented to the family of Dr. Parrish, with the assurance of our sincere sympathy for the afflictive bereavement they have suffered in his death.

Professor Morton and Dr. Yardley were then appointed a committee to carry into effect the last resolution.

On motion of Dr. Yardley, it was,

Resolved, That this meeting cordially unite with the Medical Society in the appointment of Professor Wood, (one of our number) to prepare a biographical memoir of our lamented preceptor; believing that he will do full justice to his superior ability as a teacher of medicine and surgery, as well as portray his exalted and endearing character as a physician, his worth as a man, and his virtues as a Christian.

Resolved, That we will in a body attend the reading of said memoir at such time and place as Dr. Wood and the Medical Society may select.

On motion of Dr. West:

Resolved, That the proceedings of this meeting be published in the Medical periodicals and newspapers of the city.

GEO. W. NORRIS, *Secretary.*

Baron Richerand.[1]—Baron Richerand, Professor of the Faculty of Medicine, Paris, died on the 23d of January last. M. Richerand was born on the 5th of February, 1779, at Belley, a small town in the department of Aix, which has already furnished the capital of France with some of its most celebrated physicians, Recamier, Bichat, &c. At the age of 17, Richerand left his native town for Paris, where he commenced the study of medicine, and such was the ardour of the young aspirant to distinction, that, after having studied only two years, he commenced lecturing as a private teacher. At the age of 22 he published the first edition of his "New Elements of Physiology." This work has continued, since the time of its publication, to enjoy a high degree of popularity; it has been translated into most of the European languages, even into Chinese, and is well known in our own country through Dr. Copland's excellent translation. Richerand dedicated his work to Fourcroy, and through him became acquainted with the most celebrated characters of the time. He was soon appointed assistant-surgeon to the Hospital of St. Louis, and at the age of 29 became one of the Professors of the School of Medicine. During nearly half a century he continued his labours at the hospital without intermission, and sank at length full of years and honour, loved and respected by all who knew him. M. Richerand was Professor of the Faculty of Medicine, Senior Surgeon of the Hospital of St. Louis, President of the Medical Jury for Paris, and Knight of the Orders of the Legion of Honour, St. Michel, St. Anne, St. Wladmir, &c.

Professor Blumenbach.[2]—died at Göttingen, on the 22d of January, aged 88. Fourteen years ago (in 1826) he celebrated the fiftieth anniversary of his professorship. "For some years, however," says a correspondent at Hanover, "he has been dead to science, so that the University now loses only his illustrious name."

John Frederick Blumenbach was born at Gotha, in the year 1752, and took his degree of Doctor of Medicine at the University of Göttingen in 1775. On the following year he was appointed Conservator of the Museum of Natural History; in 1778, Professor of the Practice of Medicine; and in 1812, Secretary of the Royal Society of Sciences. Blumenbach wrote his inaugural thesis in 1775, on "The Varieties of the Human Race," and thence continued to labour with unwearied zeal in this interesting field of observation. His collection of human skulls was the richest in the world. In the year 1787 Blumenbach published the first edition of his "Elements of Physiology." This work once existed in an English form; now a travestied copy is sold under the title of "Elliotson's Physiology."

BOOKS RECEIVED.

From Dr. Clary, of Syracuse, New York.—Transactions of the Medical Society of the State of New York. Vol. iv. P. 2. 8vo. pp. 56. Albany, 1839.

From the Author.—The American Medical Almanac, for 1840, designed for the daily use of practising physicians, surgeons, students, and apothecaries, being also a pocket memorandum and account book, and general medical directory of the United States and the British Provinces. By J. V. C. Smith, M. D., editor of the Boston Medical and Surgical Journal. Vol. ii., continued annually. 24mo. pp. 152. Boston, 1840. (This work was sent to us by the editor months ago, but only reached us within the last few days.)

From Dr. Woodward.—Medical Superintendent.—Seventh Annual Report of the Trustees of the State Lunatic Hospital, at Worcester, December, 1839. 8vo. pp. 102. Boston, 1840.

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[1] London Lancet, Feb. 8, 1840, p. 741.

[2] Ibid.

THE

AMERICAN MEDICAL INTELLIGENCER.

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Art. I.—INHALATION IN TUBERCULAR PHTHISIS PULMONALIS.

BY SIR CHARLES SCUDAMORE, M. D.[1]

As the practical consideration of any new remedy which may be proposed for the relief of disease, must be one of the useful purposes of a periodical journal, I trust that some further observations on the question of inhalation in tubercular phthisis pulmonalis, and in chronic bronchitis, may be offered to you as an acceptable contribution.

It was in 1830 that I published the first edition of my cases in illustration of the subject; and therefore I may lay claim to a very extended experience of this particular method of treatment, and to the consequent opportunity of forming a more mature judgment of its merits. But I wish, in the first place, to be understood as speaking of this remedy in the light of an auxiliary, and one not exclusive of other treatment. It is to be considered that every practitioner, in consenting to adopt this treatment, may at the same time employ those general means in which he is accustomed to confide. I believe that I have derived from this method of practice more success, and a larger share of satisfactory result, even where cure was not attainable, than the majority who have adopted it. This I can only explain from my greater study of the action of remedies administered in the way of inhalation; from my greater confidence in their power and usefulness; and consequently a more patient perseverance in their employment. Yet I do possess a large collection of professional testimony in favour of the inhaling treatment, and some of which I have already published. It is probable, however, that the larger part of the profession may not have paid any attention to it. Some, from theory only, never having made trial of inhaling, or even witnessed its effects, condemn it, as a hurtful irritant to the lungs. Some, on the other hand, also from theory, regard it as a feeble, doubtful, and very troublesome method. Others assure me that they have given a very fair trial to the inhalation of iodine and conium in consumption, according to my recommendation, with eventual failure, as with all other means of treatment of this lamentable disease, although at first much pleased with the remedy, and greatly encouraged with the hope of success. There are a few who pass a strong censure on the mode of receiving the medicated vapour by the tubes of the glass inhaler.

I shall endeavour to offer a running commentary on the several points which I have here stated.

I affirm that the inhalation of iodine and conium, so far from irritating the air passages, either in tubercular phthisis or in chronic bronchitis, proves more or less soothing, provided it be used of proper strength, and that inflammatory action be not present;—pleasingly soothing, I repeat, independently of its more remedial power, of which I shall have to speak. Notwithstanding the certain trouble of the process, the patient looks with pleasure to the hour of repeating it, from his confidence of receiving relief.

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[1] Lond. Med. Gaz., Feb. 7, 1840, p. 750.

There may be some of the profession who, having witnessed very untoward effects from the internal administration of iodine, or occasionally, even from its excessive employment externally, dread its use even in the way of inhalation; and, as I now and then read in print, speak of the evils of this potent medicine so employed. But what remedy or treatment, either in the hands of the physician or of the surgeon, would not fall into discredit and even odium, if its merits were to be adjudged from the occasional accidents which arise, whether to be referred to the unfitness of the case, or particular symptoms temporarily existing; to error in the doses or mode of administration; or to idiosyncrasy of constitution in the individual, which renders him an unfair example of the merits of the remedy employed? This position might be illustrated by a thousand examples. Some declare they would endure any pain, or continued loss of sleep, rather than swallow the least portion of opium, having experienced, in their system, its distressing effects. Others, who from a few grains of blue pill have incurred a very severe salivation, would expect death itself to ensue from even a moderate use of calomel.

There are again others who call in question the efficacy of inhalation, and denounce it as a feeble and uncertain mode of practice, inferior to the routine administration of medicines by the stomach. Amidst such conflicting opinions and prejudices, who shall determine the truth?

> "Utinam tam facile vera invenire possem, quam falsa convincere."—CICERO.

It might be supposed that time alone would serve to decide the real pretensions of any remedy introduced into general use; but in reality the influence of fashion extends even to medicines; as we have often seen that a favourite remedy, popular alike with the profession and the public, has, after no distant interval, been condemned, discarded, and forgotten. Yet it has again been the fate of several medicines so discarded to return into favour, and enjoy a fresh reign.

It is therefore extremely difficult to discover the truths of physic, and to establish on solid grounds the just claims to confidence which any particular medicine, or mode of treatment, may really possess. Preconceived opinion and prejudice too commonly stand in the place of reason and dispassionate inquiry, and oppose the advance of truth. The dangerous nature of consumptive disease, and its great fatality, should rather serve to stimulate our industry to discover some method of lessening the force of the scourge, than to be passive spectators of its dire results. The high authority of Laennec may probably have had some influence in confirming the general opinion of the incurable nature of phthisis pulmonalis. The distinguished author observes (Forbes' Translation, p. 305):—"The observations contained in the treatise of M. Bayle, as well as the remarks made in the present chapter on the developement of tubercles, sufficiently prove the idea of the cure of consumption in its early stage to be perfectly illusive. Crude tubercles tend essentially to increase in size and to become soft. Nature and art may retard or even arrest their progress; but neither can reverse it. But while I admit the incurability of consumption in the early stages, I am convinced, from a great number of facts, that in some cases the disease is curable in the latter stages—that is, *after* the softening of the tubercles and the formation of an ulcerous excavation."

The attempt, therefore, to treat tubercular phthisis by any novel mode, with the expectation of success, is thought probably to wear the appearance not only of presumptuous boldness, but of the vain pretensions of quackery[1] itself. Far be it from me to speak in any light terms of this fearful disease, or to boast that I have certain means of cure at my command, in any case which may present itself.

I have now enjoyed no short term of medical life, and can well remember the results of different methods of practice in this disease in former years, without any success resulting. For a long period it was a favourite practice to put the patient on very slender diet, perhaps of milk, vegetables, and fruits, exclusively; and especially on the use of digitalis at the same time; on the theory of procuring a quiet state of the circulation, and preventing irritation and over-action of the lungs, by keeping the formation of the blood within the narrowest limits, as to its quantity; and abating its stimulating quality also, by lessening the density of its red particles.

Finding the constant failure of this and other modes of treatment, about twelve years ago I first made trial of the inhalation of iodine and conium, not having then heard of any experiment of the kind being made by others. I was gratified by a degree of success which I had never obtained from any other means; and I published some of my results in November, 1830. But great as is the importance which I attach to this one remedial method, I should be sorry to have it supposed for one moment that I would depend on it alone. On the contrary, I am fully aware how essential a matter it is to treat the whole constitution; such treatment being modified according to the circumstances of the individual case. As a general principle, I am an advocate for a very supporting plan of diet, and the use of corrective tonic medicine, combining with it the occasional careful administration of *alteratives*. Good air, the avoidance of vicissitudes of temperature, while, at the same time, a due ventilation is well maintained in all the apartments which the patient occupies, are points of great importance. It is not sufficient that we attempt to relieve the lungs from the irritation of tubercles at present existing; but we must endeavour to remove the tubercular *diathesis*, and counteract the tendency to fresh formation of tubercles. Hence it follows also, that when a consumptive patient may have had the good fortune to be benefited by treatment to the extent of a tolerable recovery, it is incumbent upon him to lead a life of exceeding care afterwards, in regard to diet and regimen, clothing, place of residence, and in every material particular relating to health; in order that a relapse may be prevented.

It is a question of the highest interest to consider whether we may not, in contradiction of the gloomy declaration of Laennec, undertake the cure of the early stage of tubercles, with the hope of success? I have, in numerous instances, by means of inhalation, and *combined* treatment, succeeded in removing the early state of tubercular irritation, and which had been clearly manifested by the signs revealed by auscultation and percussion, by great elevation of the animal heat, and by the concurrent symptoms of cough, short breathing after quick exercise, frequency of pulse, hectic fever of greater or less amount, wasting of the body, and loss of strength.

As an example bearing exactly on this point, I will advert to the case which I published in the second edition of my work on inhalation, &c. p. 66. I stated, in the observations on the case, p. 73, that, from the several indications, it was reasonable to believe that tubercles existed. The recovery of the patient under the treatment adopted was most satisfactory. He remained quite well for upwards of a year, and continued so, with a slight exception, for a much longer period, enjoying the sports of the field, and displaying great strength of body in his various exertions. He resided in a distant part of Scotland. But, presuming most imprudently on his state of recovery, he committed excesses at the table, with late hours at night, and carelessness of exposure in the day. Under these circumstances, he was attacked most severely by the epidemic influenza, from which he never fairly recovered. He came under my observation about a year afterwards, when, upon examination, I found, on the upper part of the right lung, the clearest signs of the existence of a cavity. The pectoriloquism was most strongly marked. The left lung was also much diseased. Under a course of treatment he amended greatly; but again having neglected himself, and suffering from a fresh attack of influenza, he relapsed into a hopeless state, although he combated with his disease for a considerable length of time.

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[1] I have occasionally met with observations of this nature applied to myself, with reference to inhalation; but they have always been either deficient in courtesy, or so stamped with scurrility, and vulgarity of style, that they have never called for my serious notice, or more than my silent contempt. Written in the same spirit of low detraction, some letters have lately appeared in the Lancet, doing equal discredit to the head and heart of the writer, respecting the London Dispensary for the diseases of the lungs. The prosperity of the institution will be the best refutation of such puny attempts to injure either the charity itself, or its medical officers.

Is it not evident, from the indications by auscultation, as well as from the physical symptoms stated in the work referred to, that the right lung was tuberculated when I began the treatment in March, 1830? and that the remedies removed all irritation of the lung? For, according to his own cheerful letter, six months after, he described himself as strong and fat, and without cough. Whether absorption of tubercles had taken place, or a change in their condition been produced, or that the state of the lung was so altered as no longer to be irritated by the tubercles as foreign bodies, would be matter of theoretical speculation. It will, perhaps, be said that it was not a recovery, because he afterwards died from the disease: but he did enjoy a long season of health; and, had he led a prudent life, might probably have avoided the subsequent danger which he incurred.

The lady, whose case I relate at page 138 of the work before mentioned, is at the present time enjoying very comfortable health, and her lungs, as I had lately the opportunity of ascertaining, are quite free from all signs of disease. Nine years, therefore, have elapsed since the period when I first visited her, and found her in the state which I described at the time in the following words:—"She was very much emaciated, was so extremely weak, with such hollowness of cheeks, and such looks of sinking, that my first impression was that of distress from the apprehension that the case was beyond the reach of any medical treatment. The pulse ranged from 120 to 130, and was occasionally more frequent; the cough was violent, and so peculiarly harassing at night, that the sleep was constantly disturbed. The expectoration was difficult, partly coloured with blood, the whole of a very puriform appearance, and in quantity about four ounces in the twenty-four hours. There were morning and evening accessions of hectic fever. The night perspirations were so profuse, as completely to saturate the sheets with moisture. She was so reduced in strength, that she required to be carried from the bed to the sofa in the adjoining room. At the upper part of the right lung there was pretty well-marked pectoriloquism and strong *gargouillement*."

This quotation from my narrative of the case will be sufficient to show its great importance, and the value of the treatment. Fortunately for my exertions, this lady, distinguished in her character by every estimable quality, possessed that first of virtues in a patient—entire obedience. She did complete justice to all my recommendations, and was eventually rewarded with a return of health.

The patients, whose symptoms of tubercular phthisis, with the treatment, were fully described in this Gazette, beginning at page 720, vol. xv. have not had any relapse, and are now enjoying excellent health; a period of rather more than five years having elapsed.

In the following case of a young lady, aged 24, whose sister had died from consumption, the inhalation of iodine and conium rendered the most satisfactory relief, and lasting benefit.

In the history which she gave me of her case, she stated that, in the year 1830, she had fallen into a very delicate state of health, in consequence of a chest complaint. She went abroad, in the hope of re-establishing her health; and which object was in great measure effected by residing five months at Nice. Yet, living again in England, she experienced a relapse of her disorder in 1832; and such was the delicacy of her chest, that any slight exposure to a damp or cold atmosphere was almost certainly followed by pulmonary disturbance; her symptoms being, shiverings, succeeded by heat of skin and perspirations; cough and shortness of breathing; with a general soreness of the chest, and a sense of constriction, attended with debility and great depression of spirits.

Under such circumstances, I was consulted; and, upon examination of the chest by auscultation and percussion, I had the clear evidence that the upper part of the right lung was much tuberculated; but on the left side the respiration was natural, with the exception of some slight rales. I adopted my usual plan of treatment, the particulars of which I will not detail. The result was most satisfactory. My patient described that she "felt from the inhaling a soothing and healing effect; soreness and pain were soon removed; and she became sensible of a freedom and expansion of the chest to which she had long been a stranger. The relief which she experienced gave her the idea of long-closed valves being re-opened and set free." After a few weeks, all the troublesome symptoms passed away. By pursuing a careful system of management, medical and dietetic, and paying strict regard to regimen, this young lady regained her health; and, I have every reason to believe, has continued well.

In the beginning of June, last year, I was consulted by a gentleman, aged 35, long an invalid from pulmonary disease. He had resided many years in the West Indies, from whence he came in what he felt to be a hopeless state of suffering. I found him in bed, too weak to leave it. There was an assemblage of the most urgent symptoms; a frequent and very weak pulse; the animal heat 99;[1] urgent cough, with difficult expectoration of an offensive puriform sputum,[2] occasionally coloured with blood; the chest much oppressed, and the breathing quick and uneasy on the least exertion, with occasional pain in the sternum and intercostal muscles: he had hectic fever, and night perspirations, which were not only profuse, but of a peculiarly faint and disagreeable odour. Sleep slight and unrefreshing; without appetite, and the functions of the liver unhealthy; much reduced in flesh, and having coldness, and considerable œdema of the ancles and feet. At the upper part of the right lung there was strongly marked pectoriloquism to a great extent, with *gargouillement*, indicating extensive cavity; the respiration almost wholly bronchial, with sibilant rales. On the left side the respiration was imperfect in some parts, in others puerile, and there were occasional rales, but without pectoriloquism. Percussion confirmed the signs of tubercular obstruction in each lung, but especially in the right, which was scarcely in the least degree capable of its functions. The right side of the chest was flatter than the left, and rose but little in a forced inspiration. His mind was in a state of the utmost despondency; and, contrary to that buoyancy of hope which prevails in acute phthisis especially, but often also in chronic, he had a fixed persuasion that he should not recover.[3]

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[1] Without exception, I have always found a high degree of the animal heat in tubercular phthisis; showing, as I conceive, a specific irritation present, allied to inflammatory action, yet different from true inflammation.

[2] The nature and quantity of the sputum, is highly instructive, as regards the disease in its seat, stage, and intensity.

[3] Apart from the great consideration that we are all in the hands of a Superior Power, and cannot know when we may be called away, we do see, as medical observers, the extraordinary difference in the strength of the vital principle, if I may so express myself, in different individuals. Some yield their life to apparently slight assaults of disease; while others recover under circumstances seemingly the most hopeless. Such curious results should, I grant, render the physician very modest in the boast of his

The physician who had been in close attendance for six weeks, apprehended a fatal termination of the case. The limits to which I think it necessary to confine myself on the present occasion, will not allow of minute details in my account of the treatment. The patient inhaled the mixture of iodine and conium regularly three times a day, at first for ten minutes, afterwards gradually increased to twenty; small blisters were applied to the chest from time to time; the lotion of tannin infusion, with acetic acid and Eau de Cologne, was applied night and morning to the skin, followed by the use of the flesh-brush. Internally, pills composed of pilula hydrarg. camphor, and c. colocynth extract, were given at night, occasionally, followed by a morning aperient draught; a strong infusion of the cortical part of sarsaparilla, with alkali and gentian, was used twice in the day; and, to procure comfortable sleep at night, he took a soothing morphine syrup, acidulated with diluted sulphuric acid. The plan of diet was changed to one highly nutritious; and such was the langour and debility, that wine, the best port and sherry, was allowed with more than usual freedom. He usually took three or four glasses in the course of the day, in addition to a pint of sound draught porter, not only without disagreement, but with every sense of benefit. He had sometimes alarming attacks of exhaustion, at the commencement of my attendance; and he had indeed said that he was "dying from inanition." After a few weeks, iron and quinine were administered in conjunction, instead of the other medicines.

So beneficial was the whole treatment, that, in rather more than a fortnight, the specific symptoms were most materially relieved, and the strength and spirits were greatly regained. The night perspirations had nearly ceased. As a proof of the amendment of the lungs, he could, in the beginning of July, walk two or three miles, at a quick pace, without resting. He improved progressively. In September he travelled. I saw him again at the end of November, and found a remarkable diminution in the extent of the pectoriloquism, with an evident amelioration in the condition of each lung. The rales had ceased; and by auscultation[1] there was satisfactory evidence of a very improved respiration. The expectoration continued, but was much lessened in quantity, and almost free from its former offensive odour. It appeared to me that the tubercular cavity was in a favourable progress of healing; and certainly the whole aspect of the patient was promising for a fair recovery; for, to regain perfect health could not be expected, when so much disorganisation of lungs had been produced existing in conjunction with an unhealthy liver. In my early attendance, I was struck with his cadaverous and dark complexion; and this unfavourable omen disappeared in a few weeks. He related to me that at various periods he had experienced slight hæmoptysis. Under my own observation, in about seven weeks from the commencement of my attendance, he used a warm bath, not exceeding 96° in temperature, and was remarkably refreshed by it; but on the same evening hæmoptysis occurred; half an ounce of pure red blood issued with a cough. This hæmorrhage I attributed to the excitement which the circulation had received from the bath. It is satisfactory to state that on no occasion did the inhalation give rise to this accident;[2] and he always felt more or less of sensible relief from it. This and other treatment was continued, with occasional intermissions, during five

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art, and make him study nature the more attentively, that he may have acquaintance with all her ways.

[1] I may take this opportunity of mentioning that I derived considerable assistance in auscultation from placing a sheet of writing paper over the chest, and listening through this medium.

[2] I have at present under my care a lady, who, in the course of her illness, before I was consulted, had frequent attacks of hæmoptysis, which have not been reproduced by inhalation. In case of hæmoptysis, whatever the exciting cause might be, I should suspend the inhaling till the disappearance of any blood. This patient has tubercles and a cavity. Her amendment has exceeded my most sanguine expectations.

months, when he had regained flesh and strength; could walk six or eight miles in the day; and felt himself sufficiently recovered to return to the West Indies, for a period necessary to arrange his affairs.[1]

It has been my purpose to show that, in all the stages of tubercular phthisis, it is our duty to enter upon a more or less active systematic plan of treatment, and that we do so with less discouragement of success than Laennec and others have taught. Yet no one can be more aware than myself of the danger of this disease, and its too frequent mortality under every care and exertion to ward off such a termination. I always wish, therefore, to be understood as speaking of the cure of consumption in a very guarded and qualified sense. I can truly declare that I have had the gratification of very often succeeding in bad cases, where, according to all my earlier professional experience with other treatment, I should have failed.

I am not only convinced of the excellence of the remedy—the inhalation of iodine and conium—but also of its superiority, as a curative agent, over chlorine and creosote; yet, I must again observe, "let it not be imagined that I limit myself to this treatment, which I would rather speak of as a most valuable auxiliary, than as the sole means of benefit." It is incumbent on us to look comprehensively to the state of all the constitutional functions; to attack the tubercular diathesis; to control to the utmost of our power the nutritive functions, from the first digestion of the food in the stomach to the succeeding processes of chylification, lacteal[2] absorption, assimilation, and sanguification; and to effect a change in the whole mass of blood. With this large view, we are required to combine, with the strictly medical treatment, a precise plan of diet and regimen; of exercise in the open air,[3] in a manner adapted to the patient's state, in the favourable season of the year; and, in weather precluding out-doors exposure, to direct the arrangement of a medium rather than a high temperature of the apartments, always paying great attention to their fit ventilation. And shall the execution of such pathological and practical views be termed empirical, and without claim to respect?

I know that, in a very large proportion of cases of consumption, there must be eventual disappointment to our hopes; but of this fact I am certain, that it is generally in our power to palliate all the sufferings; to afford very great relief; and to prolong life. It unfortunately happens, and this it has been greatly my fate to experience, that the disease has arrived at its last stage, and when extreme disorganization of the lungs has taken place, before an active plan of treatment has been adopted; so that the opportunity of rendering material benefit has been irrevocably lost. The disease does, indeed, often effect its march most insidiously; and danger is present almost before the sense of illness is felt, or at least acknowledged.

I have, on different occasions, entered my protest against sending the unfortunate patient, as is so commonly done, in a confirmed state of the disease to a warm climate; trusting for benefit almost, perhaps wholly, to its influence. This usually proves a journey to a foreign grave. Rather let us, however late the attempt, and with however poor a prospect of success, enter upon the attentive treatment of the case; and of which, according to my views and experience, inhalation will prove a most valuable part. Here let me again ask, whence the objection? All other means in which medical confidence may be placed may be equally employed without any deduction of benefit from the use of inhalation, which, in theory, from its being a direct application of a potent remedy to the seat of disease, so much recommends itself; and from which I am confident more or less of benefit will always arise. I am quite sure that every practitioner, in the treatment of a consumptive case, feels the anxious and difficult ground on which he treads, and may be well pleased to add to his expedients any one remedy uniting in itself efficacy and safety. I will not attempt to say what proportion there may be, but I regret to admit it must be large, of the cases of true tubercular phthisis which eventually resist all power of medical skill. Yet, is this a reason for supineness and indifference in the mind of a physician? As in all difficulties, let us increase our exertions in proportion to the obstacles which we meet. It is not the reproach of good remedies that they cannot heal immedicable wounds!

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[1] This gentleman was staying, during my attendance, at the house of Mr. King, Surgeon, Portland Terrace, St. John's Wood, who can bear full testimony to my account of the case. To his kind care and attention the patient was much indebted.

[2] The idea of an unhealthy action in the mouths of the lacteals, was first submitted to my consideration by Dr. Sherriffs. To the loss of their peculiar sense of discernment between organizable and disorganizable matter, and the consequent indiscriminate absorption, he attributes all tubercular disease.

[3] The use of that most valuable apparatus, the respirator, in certain states of the atmosphere, is very important.

I cannot, I think, too often repeat, that, while I claim for the inhalation so great a regard, I consider it to be only one part of the treatment required. The additional constitutional means embrace a very wide consideration. The local external treatment of the chest by proper means of counter-irritation, and by lotions and frictions, is a very important part of management.

I have never seen, from an active remedy, so large a proportion of benefit with so small a proportion of disagreement and inconvenience, as from the inhalation of iodine and conium. The method also is to be considered: and I may here remark, that many excellent remedies have fallen into odium and neglect, at different periods, from the error or abuse of their application. I am careful that all the ingredients which enter into the composition of the inhaling mixture are perfectly pure.[1] I recommend the following formula:—

℞ Iodinii puri; Iodid. Potassii, aa. gr. vi.; Aquæ distillat. ℥v. ʒvi.; Alcoholis, ʒii. M. fiat mistura, in inhalationem adhibenda.

I now always prefer to add the conium at the time of mixing the iodine solution with the water; and it should be a *saturated* tincture, prepared with the most genuine dried leaves. In the commencement of the treatment I advise very small proportions of the iodine mixture; for example, only from half a dram to a dram for an inhaling of eight or ten minutes, to be repeated two or three times a day. Of the soothing tincture, I direct half a dram—which I usually find sufficient; but it may be increased if the cough be very troublesome. I soon augment the quantity of the iodine, and progressively from ʒj to ʒiv; but also, then prolonging the time of inhaling, I divide the iodine dose, putting two-thirds at first, and the rest after the expiration of seven or eight minutes. If the temperature of the water be measured by the thermometer, it should be 120° Fahr. as being the most favourable for volatilising the active principles of the iodine and conium, mixed with some watery vapour; but the approximation will be sufficient, if equal parts of boiling and cold water be used; with which the inhaler is not to be quite half filled. Invariably, however, care should be taken to prepare the bottle for this heat of water, by first washing it out with some tepid water.

During the process, the inhaler should be kept immersed in a jug, containing water of rather higher temperature than 120.°

It is of the utmost importance that the strength of the inhaling mixture should be considered in relation to the particular case;[2] the feelings of the patient will be a great guidance. He should have the sense of relief, and not of inconvenient irritation, produced. The cough arising occasionally during the process is not an objection; but if it be more irritable afterwards, it shows that it has been used too strong. There is a certain stage of the tubercular disease, when over-excitement, from employing the iodine in too great quantity, might hurry on the softening process too quickly. It is here that the treatment demands the greatest judgment. In every case one of the following events may be expected to happen: either that the tubercular irritation will be arrested and gradually removed, be arrested and suspended, but not cured; or pass on to the softening process, which terminates in the production of an excavation. In all these different states of disease I advise the inhaling treatment to be employed.

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[1] The various medicines to be used for inhalation may be obtained in perfect purity from Mr. Garden, Oxford street. Many other chemists, without doubt, also have the articles in question correctly prepared.

[2] In acute phthisis, the inhaling doses should be very weak. No remedy with which I am acquainted exerts so much influence over the hectic fever, used in the intervals, as the inhalation in question.

I have formerly mentioned that at the period when I was preparing my first edition for publication, in the year 1830, Dr. Murray, of Belfast, in a treatise on animal heat, recommended the introduction of iodine to the lungs, diffused through warm aqueous vapour into the apartment; and hence it follows that without any communication—for I had not the pleasure of his acquaintance—we had thought of the same remedy; but I am well persuaded that the only certain and exact mode of employing it is by direct inhalation, so that the dose is defined; whereas, in the other mode, many circumstances must interfere with its regularity. Also I find the remedy infinitely improved by the addition of the conium.

In the Medical Gazette for April 6, 1839, we find a paper by Dr. Corrigan, of Dublin, recommending, as a mode of inhalation, the impregnation of the atmosphere of the apartment with iodine vapour, by a mode different from that of Dr. Murray; but the principle is of course essentially the same. I am gratified with the favourable testimony which this physician bears to the remedial influence of iodine vapour in phthisis pulmonalis; but I am not disposed to choose his method of employing it. The volatility of the iodine would cause the vapour to ascend to the highest parts of the apartment;[1] it would attach itself to the linen furniture, and must, of necessity, find its way to the lungs of the patient in a very uncertain degree of strength. The objections of Dr. Corrigan and others to the direct method of inhaling which I recommend, is without foundation. It does not, as they state, cause irritation to the larynx and air-passages; but, on the contrary, its influence, if used of the proper strength, is soothing and agreeable. The addition of the conium divests the iodine of that irritating effect which would arise from its penetrating acrid qualities when used *per se.*

But we have a higher purpose to fulfil than the mere study of soothing the mucous membrane of the air-passages. The modus operandi of remedies is a question of secondary importance to their real effect, and may lead to endless controversy. It is my belief that this direct and very accurate mode of applying this powerful medicine, iodine with conium, induces a new action in the vessels and nerves of the lungs, which is calculated to supersede the diseased action. I also assign much effect to the stimulation of the absorbents, and have been led to believe that tubercles have in this manner been actually removed.

As the *mode* of conducting the inhaling process is of such sovereign importance, I shall be excused, I trust, if I enter at some length into this part of the subject.

Dr. Harwood, of Hastings, has lately published an account of the benefits to be derived from inhalation, in which he recommends his newly invented tin inhaler, stating, as the ground of preference over the glass inhaler commonly in use, that it is used with such perfect facility as to prevent fatigue; and, what I must admit, that it is not liable to be broken. I have carefully examined the action of this inhaler, and must take the liberty of offering the following criticism. The ingress tube not dipping into the water, the fresh atmospherical air which enters when the patient inhales, cannot be more than slightly impregnated; and any one making a comparative trial with the glass inhaler, is at once made sensible of the great difference in the strength of the inhalation, from equal quantities of the ingredients used. Indeed this great defect in the construction of the apparatus will apply to any kind of medication of the water. As regards the use of iodine and chlorine, the objection of the metallic nature of this inhaler is a fatal one. I find that an action immediately takes place between these peculiar medicines and the tin, which weakens their properties very considerably. With the requisite alterations in the ingress tube, this will be rendered a very useful inhaler, when it is desired to employ herbs, or gums; water of a higher temperature than 120° being mixed with such articles to bring out their volatile principles; although the patient should wait the reduction of such temperature to the proper degree, or he would be injured by the direct application of so much heat to the sensible surface of the air passages.

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[1] Nor is the great *waste* of the iodine a slight objection to this method. The author states that in the use of the apparatus, "about six drams of the tincture of iodine will be evaporated in an hour; and when he has it at work, as he says, "from eight to twelve hours out of the twenty-four," it would form no small item of expense, employed in a charitable institution!

I have not been able to pursuade myself of the advantage of the crescent-shaped mouth-piece in Dr. Harwood's inhaler, over the flattened one of the glass tube.

With a well constructed glass inhaler I find all the satisfaction I can desire. The bottle should be large, and the tubes capacious. The one issuing from the bottle should be upright, passing off in a gradual slight curve, so that the vapour shall not be much cooled in the course of its progress; the ingress tube should dip very near to the bottom of the bottle, that all the air so introduced may receive impregnation. The patient must be desired to inhale by using at the same time suction and a pretty full inspiration, then to drop the under lip from the mouth-piece and make a free expiration; so conducting the process by pausing, and, if he like, little suspensions, in order that he may not experience any of the fatigue, which would certainly happen if breathing quickly, or using an inhaler with small tubes, or with too much water in the bottle.

A little practice also improves the power of the respiratory muscles so that any little difficulty, which may by possibility be felt at the first by a very delicate and nervous individual, is soon overcome. When care is used to prepare the inhaler properly, the accident of fracture is easily guarded against. With respect to the influence of other medicines used in this way of inhalation, I beg to refer the reader who is curious on the subject, to the second edition of my cases in illustration.

Thus I hope to have made a useful addition to my former statements of the importance of the inhalation of iodine and conium in tubercular phthisis, as constituting one most valuable part of the systematic plan of treatment which I recommend; and if I should ever have appeared to speak of it as the sole and exclusive remedy to be employed, and to be used empirically, I have not done justice to myself, and to my enlarged views of the pathology and treatment of consumption.

Did I not feel the necessity of restricting myself in the discussion of my subject in this letter, I could much increase the evidence of the success of the treatment which I wish to advocate, by the relation of numerous cases of great amendment, or recovery, from tubercular phthisis in its different stages. I might also bring forward instances of relief and cure of various conditions of tracheal and bronchial disease, effected by means of inhalation and combined treatment.

I will, however, now conclude by observing, in the language of the poet, to the enemy of the inhaling practice, if such there should continue to be,

> "Si quid novisti rectius istis,
> Candidus imperti: si non, his utere mecum."—HORAT.

In the treatment of tubercular phthisis, so much the most mortal of all diseases, no one need apprehend that he shall add unnecessarily to his means of giving relief.

I am, sir, your obedient servant,

CHARLES SCUDAMORE.

Wimpole street, Feb. 3, 1840.

For the American Medical Intelligencer.

ART. II.—ON THE INFLUENCE OF OXYGEN IN VARIOUS PHYSIOLOGICAL ACTS.

BY WILLIAM B. WALLACE, M. D.

Lawrenceburg, Kentucky, March 20, 1840.

Dr. R. Dunglison.—

Sir,—as a constant reader of your very valuable periodical, to which my partner Dr. Dedman, of this place, is a subscriber, I have looked with interest in it to see some treatise on the defective and excessive aeration of the blood, as connected with the pathology of disease. My attention was first called to this subject in noticing the astonishing increase of muscular power which is produced by the voluntary inspiration of the largest quantity of air which the lungs will contain. It is tested in lifting heavy bodies, such as that of a full sized man. The person to be lifted will place himself in a horizontal position, and two men, one on each side, will endeavour to raise the body in the usual manner, or without inflating the lungs. They will find that it requires a considerable exertion. Then, at a given signal, each lifter will simultaneously inspire as much air as the lungs can contain, and after breathing repeat the process twice. At the last expiration, by preconcerted signal, they will endeavour to lift the body on the *points of their fingers;* and it will generally be raised with nearly as much ease as a body not weighing one fourth of its weight lifted in the customary manner. To the complete success of the experiment, it will be proper for the lifters to place their fingers in positions most suitable to balance the body, and the person lifted to exert the extensor muscles to prevent flexion of the limbs. In this manner I have seen the body of a man weighing two hundred pounds, lifted with ease, long before Sir David Brewster's letter to Sir Walter Scott on this subject, in which that learned chemist (to the disgrace of philosophy) classes the experiment among his cases of "*natural magic*," or, as I understand him, a phenomenon inexplicable on philosophical principles. In delivering a course of lectures at Dayton, in Ohio, I ventured to explain this "*natural magic*" illusion, by assuming that the great ease with which the body was lifted, was occasioned by the stimulating effects of the increased quantity of oxygen imbibed by the blood, and acting directly on the brain and nervous system—thus increasing proportionally the muscular power. A gentleman present, who, perhaps, like Brewster and Scott, had a *penchant* for the marvellous, objected to the theory, and insisted that to the success of the experiment, it was necessary that the person lifted should also make full inspirations. Some of the gentlemen then tested the principle by lifting inanimate substances, and found the effects of increased respiration equally remarkable in those cases.

When we reason by analogy, on the remarkably sudden and almost entire deprivation of muscular power observable in those who descend into an atmosphere of carburetted hydrogen, [?] which is sometimes found in the bottoms of wells, &c., and by which the system is deprived of the necessary stimulus of oxygen, it seems to me a matter of no astonishment that when, by a voluntary increase of respiration, four or five times the usual quantity of air is inhaled, and the imbibition of oxygen thereby proportionally increased, that there should be a corresponding increase of its stimulating effect upon the muscular power. As connected with this subject I will refer to the circumstance which is a matter of common observation, that persons who are about to make any great muscular effort, as in lifting, &c., involuntarily make a full inspiration before the exertion. I will merely add, that by voluntarily increased respiration the production of animal heat seems to be also increased, as I have often in very cold weather whilst lying in bed practised it successfully for this purpose.

As the subjects to which these hints relate have not been treated on by any authors whose works have come under my observation, I have thought proper to make them, from a desire that others, more competent than myself to investigate, may be induced to direct their attention to this unexplored field of philosophical research, and am very respectfully your obedient servant.

William B. Wallace.

[The subjects, to which our correspondent attracts attention in the preceding paper, have received more attention than he is aware of. The experiment of raising the human, or any inanimate body on the tips of the fingers, by a joint and simultaneous effort, was tried, years ago, most philosophically in this city, and it was clearly shown, that muscular or animate force was not necessary for the result; but that it could be produced equally well when a simultaneous effort was made by any of the ordinary inanimate mechanical powers. It was but requisite that they should be exerted together, and at once, in order that surprise should be elicited as to the comparatively trifling amount of force that was demanded. We do not think, that Dr. Wallace's hypothesis of the power-communicating influence of oxygen will stand the test of examination. We take in a full inspiration to fix the chest, before we make use of exertion with the muscles that arise from it and pass to the arm. These matters, however, as well as the influence of respiration on calorification, our correspondent will find discussed in the second volume of the Editor's "Human Physiology."

We may add, by the way, that Sir David Brewster meant by "Natural Magic," not "a phenomenon inexplicable on philosophical principles," but one which, seeming to be magical, *is* explicable on those principles.—Ed.]

BIBLIOGRAPHICAL NOTICES.

Report of the State Lunatic Asylum at Worcester, Mass.[1]

The whole of this report has the same excellencies that were possessed by its predecessors; and its perusal renews our regrets that Pennsylvania is not yet possessed of so admirable an institution as the one from which it emanates. Dr. Woodward deserves great credit for his able annual contributions to the official reports, and for the zeal and intelligence which they exhibit him to possess as the medical superintendent. We feel satisfied, however, that his notions in regard to the causes of insanity are not as historically accurate as he conceives them to be; and that too extensive an agency is assigned to one secret vice, on which we had occasion to express our sentiments in the 2d volume of the "Intelligencer," p. 340.

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[1] Seventh Annual Report of the Trustees of the State Lunatic Hospital at Worcester, December, 1839. 8vo. pp. 102. Boston, 1840.

The tables contained in the report before us are highly interesting. In table xii. 418 cases are recorded as having been admitted before insanity had continued *one year*—of these, 370 or nearly 9 in 10 have recovered; 48 failed to recover; 34 remain in the hospital, and 17 have died.

There have been in the hospital 161 cases—of duration from *one* to *two* years; of these, 96 have recovered or are curable, and 64 have failed to recover, or have died.

There have been 411 cases in which the disease had existed more than *two* years; of these, 72 have recovered; and lastly, of 247, who had been insane over *five* years, only 19 recovered.

Table xiv. exhibits the unlooked for fact, that in this institution those over 40 years of age recovered in greater proportion than those under 40.

Table xvi. estimates the number of cases of insanity induced by intemperance at seven and a quarter per cent.

Table xvii. is interesting, and its object will be borne in mind, we trust, in future. The influence of the moon on the insane we regard to be a mere popular superstition, and as such have always denounced it. (Elements of Hygiène, p. 158. Philad., 1835.) Dr. Woodward's results—to use his own language—"are far from establishing the common opinion, that excitements come at the full moon."

Prof. T. D. Mitchell's Address to the Medical Graduates of Transylvania University.

The valedictory of Prof. Mitchell is appropriate; and many of his inculcations are eminently worthy of being treasured up by his young auditors. The profession to which we belong is elevated and noble; how much responsibility rests upon its members not to sully its fair banner; yet how often have we to deplore the obliquities of some of them. Nor is this surprising. The portals of the professional edifice are wide and the entrance easy—too easy. Many ill-educated—we use the term in the enlarged sense—individuals are consequently admitted; and liberal and liberalizing as is the study and practice of our calling, it cannot make amends for deficiencies of early breeding, prevent the incursion of uncharitableness, or correct deep-dyed moral obliquities. It was judicious, however, in Professor Mitchell to attract the attention of his hearers to this important topic.

"Gentlemen, you are not about to mingle with the world, as physicians only, but also as members of society; and I feel it to be my duty to press upon you, in the *third* place, *the great importance of established and correct principles of action.* I am aware, that too many graduates in medicine, place a low estimate on moral tactics; but you may rest assured, that the right observance of these is essential to your true respectability, in every civilised community. It can hardly be expected, that our profession will ever be without bears, and hyenas, to provoke the odium and slander of the censorious. But this should never be allowed to derogate, in the least, from the importance of those traits, which dignify the possessor and bless society. I would fain impress upon you, as a truth, not to be nullified by the lapse of time, that each one of you, will be just what your principles of action shall make you. These, and these alone, will stamp your character, indelibly; they will move every purpose, guide every step, bless or curse. You cannot be ignorant, that nine tenths of the discord and strife prevalent in the medical profession, in all countries, is the fruit of base principles of action, and it is therefore of the last importance, that you resolve to start in the race, for honourable success, under the guidance of just and proper views. The most valuable of these, I hold to be, an unflinching adherence to moral rectitude and duty.

"A distinguished writer observes, that 'the principle of unyielding rectitude is commended by the fact, that it is of *invariable* and *universal application*. It changes not with times and circumstances; is the same yesterday, to-day and forever. It extends to all beings, to all actions; binds the beggar and the prince, the man of learning and the illiterate. Nor is it a rule so difficult of observance, as many suppose.'

"To know what is right, is, in nineteen cases out of twenty, by no means difficult; but the temporising man finds it exceedingly perplexing, to decide what will best promote present interest or popularity. False principles rarely fail to involve their possessor in perilous straits, from which his ingenuity and management do not always extricate him. His path becomes, every day, darker and more tortuous, and his life is a constant state of suspicion and apprehension. Conscious of his own aberrations, and the glaring obliquity of his moral sense; aware that habit has made it a kind of second nature for him to misrepresent, and give a false colouring to every story, and stung to the soul with a conviction that he is held to be void of integrity, he seeks relief from the upbraidings of conscience, by incessant efforts to impugn the motives of others, and to stain their characters with the peculiar dye of his own. And although such individuals do seem, occasionally, to be successful, in accomplishing their purposes, yet truth will not bear concealment long; and, bursting out at length like the swelling torrent, drives before it the worthless and the vile, and scatters their machinations to the winds. Such, gentlemen, are the persons who are perpetually disturbing the tranquillity of our profession, and their dereliction is always the result of a gradual, but continued departure from the straight path of moral rectitude.

"How different is the man, who aims at the strictest moral honesty! To bend his principles to his interest, never enters into his calculations and forms no part of his policy. His course is straight forward, open, plain; and when once fully convinced of the path of duty, he swerves not, through fear of consequences, but comes up fearlessly to the mark, with an honest front and a fixedness of purpose, that cannot be intimidated.—And, what though, for a season, he be less successful in business than his unprincipled neighbour, whose code of morals is sufficiently pliable, to suit the entire range of character around him! Suppose the latter scruples not to violate the dictates of conscience, to trample on the rules of honesty, and to laugh at the idea of fair dealing, and as a result to attain wealth and distinction; admit it all. But mark the real estimate of his character among the virtuous, and calculate, if you please, how much peace of mind he enjoys. His pillow, perhaps, is full of thorns; it may be, that his children grow up to curse him, and his ill-gotten riches prove his ruin.

"Be assured, gentlemen, that if strict integrity be not always the shortest way to success and respectability, it is ever the most certain, the happiest and best. He who makes unbending rectitude his motto, may experience difficulty in his efforts to get business, in the midst of dishonest competitors and rivals. But, mark his course; though slow in ascending the rugged steep, he gains, at length, the lofty summit. Around him gather the warmest patrons, the most substantial friends, and he rises steadily in the confidence of all who know him. Nor is this all. He respects himself, for he has a conscience void of offence. He feels that the motives by which he is governed, are right and safe; and he escapes the self-degradation which the unprincipled man, sooner or later, realizes as the consequence of his unworthy course. And if he fail to accumulate a large fortune, he feels that he has gained a more substantial portion. For while it continues to be true, that riches take to themseves wings and fly away, it is equally certain, that the path of the just man is like the dawning light, that shines brighter and brighter, till the splendour of perfect day bursts upon it."

MISCELLANEOUS NOTICES.

Clarendon Springs, Vt.—A pamphlet, by Dr. Joseph A. Gallup,[1] draws attention to those springs, which are situate in the town of Clarendon, Rutland county. Their composition, as given by Mr. Hayes, of Roxbury, is as follows—carbonic acid gas, azote, carbonate of lime, muriate of lime, sulphate of soda, and sulphate of magnesia—the saline matter being only 5.75 gr. in the gallon. They are admitted to "contain no sensible properties over those of other simple, pleasant waters." A trial of these "gaseous waters" is suggested by Dr. Gallup in phthisis pulmonalis, and in the slow typhoid fever of the region "and of Europe!" We doubt not, that if patients, labouring under various chronic ailments, were *sent* to the springs, that good effects might result, but a question might still arise as to whether any portion of the benefit was owing to the waters.

Transylvania University.—Medical Department.—The annual announcement contains the names of 257 students; of whom 117 were from Kentucky; 35 from Tennessee; 25 from Alabama; 13 from Georgia; 10 from South Carolina; 12 from Mississippi; 8 from Indiana; 7 from Missouri; 7 from Ohio; 5 from Virginia; 3 from North Carolina; 3 from Illinois; 3 from Pennsylvania; 2 from Louisiana; 2 from New York; 1 from Maryland; 1 from Michigan; 1 from Wisconsin; 1 from Arkansas; and 1 from Texas.

The number of graduates at the last commencement was 62.

Notwithstanding the new and flourishing school at Louisville, the students in attendance this year at the Transylvania Medical School are more numerous than they have been since the session 1835-6.

Medical College of South Carolina.—This prosperous institution numbered 194 students, during the last session, of whom 133 were from the state of South Carolina; 32 from Georgia; 15 from North Carolina; 11 from Alabama; 1 from Mississippi; 1 from Florida, and 1 from Virginia.

The number of graduates was 65.

University of Pennsylvania.—Medical Department.—The number of matriculates was 444; of whom 24 were from Alabama; 2 from the British Provinces; 2 from the District of Columbia; 7 from Delaware; 17 from Georgia; 2 from Ireland; 1 from Illinois; 2 from Indiana; 2 from Kentucky; 5 from Louisiana; 12 from Maryland; 7 from Mississippi; 3 from Missouri; 8 from New England; 18 from New Jersey; 12 from N. York;

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[1] Observations made during a visit to the Clarendon Springs, Vt., in relation to their character and properties, in a part of July and August, 1839. With an analysis of the waters. By Joseph A. Gallup, M. D. 8vo. pp. 14. Windsor, 1840.

63 from N. Carolina; 6 from Ohio; 44 from Pennsylvania; 55 from Philadelphia; 9 from S. Carolina; 29 from Tennessee; 111 from Virginia; 1 from West Indies, and 2 from England.

The number of graduates was 163.

Spirit of Turpentine in Iritis.[1]—Mr. Arnott strongly recommends the internal administration of the spirit of turpentine in iritis, after the more active inflammatory symptoms have been reduced by bleeding and tartar emetic. This remedy he has found to succeed in curing the disease when mercury and the strictest antiphlogistic regimen had failed. The spirit of turpentine was administered, as recommended by Mr. Hugh Carmichael, in emulsion, in the dose of a dram three times a day; and the only objection to the employment of the remedy was the difficulty or even impossibility of some stomachs retaining it beyond a certain length of time. This, however, might be obviated by diminishing each dose, but increasing their frequency.

BOOKS RECEIVED.

From Professor Mitchell.—Annual announcement of the Medical Department of Transylvania University, containing the Circular for the ensuing session; the catalogue of pupils, and the graduating class, for 1839–40, and the valedictory delivered to the graduates on the day of Commencement. 8vo. pp. 22. Lexington, Ky., 1840.

From the Author.—An Inquiry concerning the diseases and functions of the Brain, the Spinal Cord, and the Nerves. By Amariah Brigham, M. D. 12mo. pp. 327. New York, 1840.

From the Author.—Observations made during a visit to the Clarendon Springs, Vt., in relation to their character and properties, in a part of July and August, 1839, with an analysis of the waters. By Joseph A. Gallup, M. D. 8vo. pp. 14. Windsor, 1840.

From the Author.—An Address on American Literature, delivered before the Philomathean Society of Indiana University at its Annual Commencement, Sept. 25, 1839. By James Conquest Cross, M. D. 8vo. pp. 86. Bloomington, 1839.

From Professor Henry, of Princeton.—Introductory Lecture before the Albany Medical College, delivered Nov. 12, 1839. By Thomas Hun, M. D., Professor of Institutes of Medicine. 8vo. pp. 30. Albany, 1839. [For a Bibliographical notice of this, see the last volume, p. 314.]

From Professor J. B. Beck, of New York.—State of the New York Hospital, and Bloomingdale Asylum, for the year 1839. 8vo. pp. 20. New York, 1840.

From the Same.—Annual Report of the Interments in the city and county of New York, for the year 1839, with accompanying remarks. Presented by Wm. A. Walters, City Inspector. 8vo. New York, 1840.

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[1] Lond. Med. Gaz., 13th April, 1839, and Edinb. Med. and Surg. Journal, January, 1840, p. 247.

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Art. I.—EXTENSIVE CONTRACTION AND CONTORTION OF THE LOWER EXTREMITIES IN A GROWN PERSON, SUCCESSFULLY TREATED BY DIVISION OF THE CONTRACTED MUSCLES AND TENDONS.

BY ALBERT G. WALTER, M. D., OF PITTSBURG, PA.

The case narrated below is a very curious one, and certainly seldom met with. The success which attended the operation—the division of muscles and tendons—will be of great interest to the profession in general, and particularly to those who are cultivating the newly invented operation of Strohmeyer.

Orthopedia of the old school and its principles have undergone a material reform since Strohmeyer sent forth his experience, to which some of the advocates of this branch of surgery at first entered strong objections, unwilling either to investigate the matter in the proper spirit, or to give up a doctrine handed down to them from the oldest days of surgery with authorities sufficient to warrant its correctness. But a few years experience, based on true pathological and physiological principles, established Strohmeyer's doctrine beyond all doubt, and orthopedia of our forefathers is sinking to the grave of oblivion, over which a new and ingenious operation is expanding its branches, attended with a success not to be met with in the history of any other surgical operation.

A few years more, and this operation, the very ornament of modern surgery, will be fully tested and approved by the profession of every country, and even the advocates of orthopedia founded on mechanical means, will have to abandon a practice which has been seldom if ever successful in their hands, and to resort to the skilful use of the knife—the best and most approved orthopedial instrument.

There is not any human suffering, except the loss of sight or the destruction of parts of the face, more humiliating and distressing, which claims a greater share of sympathy for the unfortunate sufferer, and for which relief is oftener demanded from the profession, than that of deformities; and the benefit the community is now deriving from a simple and expedient operation is incalculable, and extending over the world.

Dieffenbach's experience is, I presume, the largest with respect to this new operation; for in a letter I received some months ago from him, he stated, that in the course of a few years he had cut more than three hundred tendons and muscles, and has restored persons as useful members to society, who had been considered lost to it for ever.

My experience in this branch of surgery, in whose investigation and cultivation I take a particular delight, convinces me that every deformity merely depending on muscular contraction is remediable; and I have no doubt that even *old cases of luxation of the humerus and some other joints* might admit of being reduced by the *division of the contracted muscles*, which while contracted are often the only cause that mechanical means are of no avail. I want to be understood, however, that I speak only hinting at the practicability of reducing luxations of long standing by the previous use of the knife. Experience does not yet enable me to give any decided opinion, but I believe it is worthy of being fairly tried, as it will not inflict any injury on the patient.

I intend to give a full history of this case, and hope I will be excused by the professional reader for its minute narration, inasmuch as the case is one of paramount interest.

Frederick Ferdinand Hoeke, glass cutter by trade, born August 19, 1811, of healthy parents, in Schluesselburg, on the river Weser, Prussia, passed his infancy without any sickness, except an affection of scabies, for which external remedies were used. But when arrived at the age when children generally try to make use of their limbs, he appeared to be too weak to use his, though apparently in the full enjoyment of health. Various external and internal remedies along with mineral baths and douche, were resorted to in succession for many years without any benefit, for he remained unable either to stand, walk, or sit, unsupported; while a marked contraction of the adductor muscles in inguine and of the flexores in poplite took place. At the age of six years, baths of the boiled intestines of the calf were administered with a better effect, for after a continued use of them the patient was able to sit without any support, and to walk along chairs; and when seven years old he could go on crutches, and even with a cane only, for a short distance. To prevent the increasing contraction in inguine, and the inclination of the thighs to cross each other, riding on horseback was used, but without any effect, for the thighs became permanently crossed, the knees and heels contracted, and sitting was the only comfortable position for him. Every attempt to separate the thighs and place them parallel caused violent pain in the lower part of the back and in the groins. Sudden jerkings of his lower extremities supervening on the least excitement, or even without excitement, and cramps contracting the knee joints, under which he laboured from infancy, became more conspicuous and frequent.

Walking with crutches was practicable in a slight degree till the 16th year of his age, although the close contact of the knees made it very tedious. From this time, however, Hoeke gradually lost the use of his extremities, and from the 20th year walking was out of the question; voluntary separation of the thighs could not be effected, and the knees and heels contracted more. The only way of moving about was by throwing forward both feet at a time while supported by crutches.

His general health has been undisturbed, though a furunculous disposition seems to be present, and every sore assumes a tedious character with regard to cicatrisation. All medical practitioners consulted in this case agreed upon some derangement of the nervous system being the cause of his deformity; yet it is not unlikely that the contraction of the muscles existed when he was born.

Present state.—About a year ago I accidentally met this patient moving about in a miserable and pitiable way supported by his crutches, and had to acknowledge that I never saw a more wretched deformity, without scarcely thinking at the instant, that relief might be procured by surgical means. Struck with the misfortune of the poor sufferer, I could not help, by repeated consideration, entertaining some hope of remedying his deformity, in case it should depend merely on muscular contraction, and the oftener my mind was engaged with this case, the more I became convinced of the practicability of an operation. In the latter part of last year I called on the patient to make an accurate examination of his case, and felt satisfied of the propriety of operating on him.

My patient is of healthy constitution, nervous temperament, rather slender make, with the expression of muscular weakness, of small size of body, with great disproportion between the trunk and lower extremities, the latter being much shorter in consequence of the contracted state of the muscles in the groins, knee, and foot joints. Hoeke measures, supported by his crutches, only four feet six inches. The columna spinalis is perfectly straight in the erect position without any deviation to either side, but its lower part forms a curvature outwardly while sitting, which disappears when standing. The pelvis and the bony portions of the lower and upper extremities are perfectly natural. The muscular system is weak and not much developed, presenting more the rounded form of the female than the fulness of the male. Having never been used to muscular exercise, he has contracted very lazy habits. There is an abnormal mobility of the joints of his fingers, which he is able to bend backwards, owing to relaxation of the ligaments of the joints. His intellectual faculties are undisturbed, the organs of sensation unimpaired, the susceptibility of the nervous system rather increased. There is no morbid affection in the thorax and abdomen except the disposition to piles, in consequence, as it appears, of want of exercise. The spinal marrow and its coverings (ligamentous as well as osseous) do not present any morbid condition, so far as a careful examination enables me to decide.

The muscles of the lower extremities are lax and without vigour, the glutei thin and rigid. Both thighs are of the same thickness. The left femur is kept constantly crossed over the right, and cannot be removed out of this position by the patient, either while standing or sitting, or by manual means. The sartorius, gracilis, and adductor longus muscle, with the fascia lata femoris, are very much contracted and rigid, which can be best observed by placing the finger on the inner side of each groin. Every attempt at removing the left femur from the right, bringing both on a level and separating them, causes great pain in the groin and lower part of the back, and produces involuntary jerkings and cramps of the extremities, while the thick cord-like contracted adductor longus muscle can be felt on both sides of the groin very resisting. In consequence of this muscular contraction (in which the pelvic muscles also appear to participate), the femora are kept permanently bent on the pelvis, and the thighs cannot be extended. The external abdominal muscles are likewise contracted, imparting to the finger the feeling of a board. The patient is able to move the left femur at the hip joint in a slight degree, but not the right, which after having remained for many years behind the other, does not allow of any motion at the hip joint, but is permanently flexed on the pelvis. The left femur can be extended by mechanical means, but not the right, the muscular contraction in the groin being the strongest. The patient never lies on his back, but on either side, with the knees drawn up.

The bones of the knee joint are perfect and natural, the muscular contraction is very strong. The joints are kept bent at a right angle. The muscles in the ham appear like cords on each side of the joint, the patella is raised and does not admit of the slightest motion. Both knee joints are inverted, the right one the most, representing the form which is occasionally met with in blacksmiths. The patient is not able to bend the knee joints, but does so with his hands, the left knee allowing of a greater degree of flexion than the right. When an attempt is made to extend the knee joints, there is great pain felt in the sartorius, gracilis, semitendinosus, semimembranosus, and in both capita of the biceps femoris, which appear like tense cords. In consequence of the unusual retraction of the patella, the natural form of the knee joint appears to be somewhat altered and flattened.

The muscles of the legs are wasted, the left more than the right, owing to the compression of the left arteria poplitea, in consequence of the crossed position of the femora, and nutrition being thereby impeded.

There is no deviation from the natural standard of sensibility and of temperature in the extremities.

The feet present a fair specimen of pes valgus of the older writers, which Scoutetten, in his admirable memoir on club-foot, calls very properly everted club-foot. The grastrocnemii muscles are shortened by contraction more than two inches, and the inner side of the sole only and the tips of the toes touch the ground. The musculi peronei are also contracted, in consequence of which the external side of the foot is raised and the foot itself everted. The soles of the feet are entirely level, without the natural hollow on the inside, and the internal ankles are more prominent than usual.

His way of progression, by throwing forwards both extremities at a time, while supported by crutches, is extremely tedious, tiresome and distressing.

My patient was subject to spasms and involuntary jerkings of his extremities from his childhood, which have rather increased in frequency, but not in intensity, for the last six years, and have obliged him to keep his feet very warm. If this was neglected, spasms afflicted him oftener and more violently. The jerkings of his limbs, from which the left suffers more than the right, make their appearance on the least noise or slightest excitement.

A careful examination of this interesting case proved that muscular contraction caused this pitiable deformity, and that an operation, although extensive, would restore the patient to the use of his limbs; and encouraged by the success which attended my operations on stiff and contracted knees, wry-neck, and every variety of deformed feet, I expressed to my patient an opinion with regard to the probability of success, and found him willing to undergo any treatment for the slightest hope of relief.

Without entering into a theoretical discussion, whether the deformity was congenital or acquired by disease, whether there was any organic or functional lesion of the nervous centres, their investments or of the peripherical nerves, to which could be attributed the subsequent contraction of the limbs; whether there was a chronic irritation of the muscles of the extremities which caused the pathological change, or a morbid innervation of the extensor and abductor muscles—the propriety of an operation could not be denied, inasmuch as muscular power, though impaired for want of exercise, and entire sensibility existed in the deformed limbs. There was no disproportion between the lower and upper part of his body, except that caused by the contraction of the limbs. It appeared to me that though he would not be able to walk without crutches after his limbs were straightened, yet in course of time and by frequent exercise, muscular power might develope itself more fully, and crutches could be gradually dispensed with. Even under the supposition, that he never would gain sufficient strength to walk without any support, feelings of humanity and commiseration induced me to operate on him for the restoration of his members, while on the other side an operation skilfully performed could not do him the least harm.

I felt convinced that the spastic movements of his extremities, having their origin in some morbid affection of the nervous system, would continue after the operation, but this should not be urged as a reason to give up an operation intended to remove such a distressing deformity. It might also be objected that the continuance of the spasms would again cause contraction. This, however, I deny, since they are slight and only accidental, and since the deformity has not increased during the last six years.

Without any preparation of the organismus for enduring the traumatic infliction (which I consider unnecessary in this kind of operations), I operated on him on September 19th, 1839, kindly assisted by Drs. J. P. Gazzam and G. D. Bruce, of this city. Being aware that a good many muscles and tendons had to be divided in a nervous and irritable constitution, and apprehending some traumatic reaction, I intended to operate first on one extremity, and after some time on the other. But after having severed all contracted muscles in the groin, ham, and at the heel on one side, my patient, endowed with great courage and resolution, wanted the other also to be operated on, which was done at the same time, with the loss of only a few drops of blood. The severing of the muscles did not inflict on him much pain, but the feeling of the tendons being cut through, and separating with a violent and audible crack, was disagreeable.

For the division of the adductors, I placed my patient in the horizontal position across the edge of a bed, and after the thighs had been forcibly abducted as far as possible by the assistant surgeons, I introduced a slightly concave narrow knife (such as I use for operating on club-feet, but longer and stronger,) one inch below Poupart's ligament, and one inch and a half from the inner side of the femur, the femoral artery and vein being on the outer side, parallel with, and along the external side of the adductor longus muscle, and feeling with my finger its point on the back part of the thigh, turned the edge of the knife towards the median line of the body, and severed by repeated sections the attachment of the adductor longus and gracilis muscle along with the fascia lata covering it, by carrying the point of the knife along the inner surface of the skin in order to ensure a complete section of the muscles. This being done with a forcible and audible crack on the left femur, while the hollow between the cut surfaces could distinctly be felt for an inch, the femur could be easily separated and abducted. The same operation was performed on the right femur with the same result, the knees being separated for about nine inches. The incisions of the skin did not exceed in length the eighth part of an inch. Only a few drops of blood escaped from the orifices.

I then made the patient turn on his face, and after the knee-joint had been extended as far as possible, and the ham strings made tense, I grasped the biceps femoris muscle between two fingers of the left hand, and introduced the knife one inch above the poples on the external side of the knee-joint through the skin, and severed this muscle; at the same distance above the poples on the inner side of the knee-joint, I cut the tendons of the sartorius, gracilis, semimembranosus, and semitendinosus. A very audible crack followed the section of each of them, and the knee immediately allowed of complete extension. The same operation was done on the other knee. It is to be remarked that the gracilis muscle was cut at both points of its insertion, and that reunion nevertheless took place.

To remedy the deformity of the feet, both tendines achillis were cut across by entering the knife on one side of the leg. But so strong and rigid was this tendon, and so sudden and powerful the retraction after its section, that only the greatest care prevented the knife from passing through the skin behind the tendon. I consider it absolutely necessary, to restore perfectly the pes valgus, to divide the peronei muscles which cause while contracted the eversion of the foot and the tilting up of its outer side. Below the malleoli externi, both these muscles were severed in each foot, which I never found difficult to divide at this point, although Scoutetten, in his memoir on club-foot, objects to it, preferring their section above the malleolus.

The whole operation, comprising the division of *ten* muscles and tendons by *five* incisions of the skin on each extremity, did not occupy more than two minutes, and was done without bleeding or inflicting much pain on the patient. Amongst nearly sixty patients upon whom I have operated in this city, I have never before met with such a rigid condition of the tendons and such a powerful retraction of the muscles.

Graduated compresses with the usual bandaging were applied, and in case pain should supervene, cold applications were ordered. Extension was not made, the limbs being kept in the same position as before the operation.

At my night visit, I was not a little surprised to see my patient quite comfortable, sitting in bed, talking and enjoying the smoke of his pipe. There was not the least febrile excitement, and no pain in the cut muscles, or any uneasiness, except a slight degree of spasm in the lower extremities, particularly in the left. Indeed, I had expected some febrile reaction after the section of many muscles, though I never yet saw any thing like fever and active inflammation after the cutting of tendons, in all the cases I have operated on (comprehending patients from a few days old to 35 years of age.) To prevent the spastic movements of his extremities, acetate of morph. gr. ¼, was ordered at bed time, and cold applications continued to the incisions.

The next day he felt quite well, had enjoyed a good night's rest, without any fever, but with spastic movements of the extremities, causing pain in the cut muscles. Morph. acetat. gr. ¼, three times a day was continued, as also the antiphlogistic regimen ; cold applications discontinued.

Forty-eight hours after the operation, the spastic contractions had subsided, the small incisions were healed, there was not any swelling about them, nor any inflammation. I commenced to-day extending the contracted extremities in an apparatus similar to that of Strohmeyer. To the leg-piece I had attached a thigh board with a joint, on each side of which an apparatus was fixed for the purpose of bringing both pieces (the leg and thigh boards) gradually straight. Each extremity being placed in a machine and secured by straps and bandages, a kind of machinery was affixed to each thigh-board, for the purpose of separating the thighs gradually, which could now be kept seven inches apart, between the knees, without any pain. I kept my patient on a mattress on his back, with his shoulders slightly elevated.

On the third day after the operation, a very annoying diarrhœa supervened, consisting of a mucous discharge from the lower part of the bowels with tenesmus. The spastic contractions of the limbs reappeared in a slight degree, particularly in the left. I went on extending the knees, heels, and separating the femora. There was greater tightness in the left groin, but not any pain in the back, of which he had complained before the operation on every attempt to separate his limbs.

Every day I extended the limbs more, my patient rested pretty well, though he did not like the recumbent position, and the spasmodic contractions continued in a slight degree. But the mucous diarrhœa mixed with blood caused by the appearance of hæmorrhoidal tumours, external as well as internal, continued troublesome, and did not yield readily to medication.

After seven days extension, the knees were separated a foot, and the distance between both heels, two feet. The knee-joints were nearly straight, and the heels on a level with the toes, and the outer side of the foot with the inner. After each extension the patient felt a degree of tightness and uneasiness in the stretched muscles for about an hour or an hour and a half, but this wore off and left him comfortable with the exception of spasms. But tired of the recumbent position, and wetted by the frequent discharge from the bowels, and being badly attended by his friends, he insisted on the removal of the apparatus. We, however, remonstrated against it, and continued the extension for some days longer, when we had the satisfaction of seeing his knees separated sixteen inches, his knee-joints perfectly straight without any inclination of the knees inwards, and the heels on a level with the toes. We would have kept on the extending apparatus some time longer, but were obliged to remove them at the expiration of two weeks after the operation, from the appearance of a sore on the os sacrum, and of commencing soreness of the skin of his feet and knees, although we had taken every care and precaution to avoid it. With the appearance of sores he suffered much from spasms and jerkings, and his rest was disturbed. But all went on favourably as soon as the bandages were removed.

To prevent contraction of the extended muscles, we used splints and bandages, and placed some cushions between his knees.

It ought to be mentioned that Hoeke was, during health, subject to spasms, and that they were aggravated during the time of extension, by the occurrence of sores. So great indeed was the excitability of his nervous system, that the least touch with a finger on his limbs excited the spasms, which were more severe towards evening than during night or in the morning.

The mucous and bloody diarrhœa with the hemorrhoidal tumours disappeared at the end of three weeks, when he commenced to sit up in bed and on a chair. The soreness of his feet did not yet allow him to use them, although he could stand supported by crutches, and use his limbs as if walking. The spasms gradually decreased, although the habitual jerkings remained.

There did not appear any disposition in the severed muscles to contract again, his extremities being perfectly straight in every respect, and his stature increased *six* inches. For nearly ten weeks we had to attend to the sores, and three months after the operation was performed he used his extremities more, felt them growing stronger every day, and is now walking about on his crutches, although yet weak. He has the complete use of his legs, can bend and extend them, performs abduction and adduction of the femora with the greatest ease, and there is not the least inclination of the left knee to cross the right. He can stand straight without any support, can now walk with one crutch, but prefers to use both from the fear of falling. It is rather remarkable, that the jerkings and cramps in his limbs have decreased very much, as well in intensity as in frequency.

My very esteemed friends Drs. J. P. Gazzam and G. D. Bruce saw my patient while walking sometime ago, and were struck with the success of the operation.

I might appear to be too sanguine in expressing the hope that my patient may, in the course of years, so far recover as to be able to walk without any support, which he never did since he was born; but from the history of his case I am inclined to believe that locomotion was out of the question as long as the contraction of the muscles existed, which was observable in the first years of his life, and that the want of exercise in consequence of the contracted muscles produced the weakness of his limbs; though I do not feel disposed to deny that some derangement of the nervous system, although unknown to us, either originating in the medulla spinalis and propagated from thence to the peripherical nerves, or in the peripherical nerves, and reflected to the nervous centres, may be a link in the chain of morbid phenomena causing innervation of the muscles. I leave the latter supposition, which is difficult of resolution, and proves that much yet remains unknown as to the etiology of deformities, to the theoretical speculator, and content myself with remarking, that if this man was in better circumstances, allowing of the administration of every means calculated to increase bodily strength, I have not the least doubt, that for the pains and trouble I took with him, I should be amply rewarded by the satisfaction of seeing him walking with comfort and ease, and without any support.

Should, however, this fortunate result not take place, and his strength never increase to the degree necessary to support his body, I believe I have been of much service to him—in having remedied a very distressing and pitiable deformity, and restored to him the use of his limbs—as well as, I hope, to the profession, by communicating the successful result of a new and interesting operation, which has never been equalled in the number of tendons and muscles divided.

For the American Medical Intelligencer.

ART. II.—CASE OF HEMIPLEGIA PRESUMED TO BE DEPENDENT UPON GASTRIC DERANGEMENT.

BY THOS. H. COLLIER, M. D.

New Church, Accomack county, Va , April 9, 1840.

A lady, æt. 20, was attacked with common bilious fever, pain in the back and extremities; slight chill at the commencement of the disease; continued fever of synochal grade; tongue broad, moist, with thick yellowish fur, and without redness either of tip, edges, or papillæ; nausea, without vomiting; anorexia; bilious stools of ordinary quantity and frequency; very little tenderness upon pressing any part of the abdomen; yellowish tinge of the skin and conjunctiva; but combined with this state was a very unusual symptom; so much so, that it is the only case in which I have ever seen it without any more serious cause to account for it than could here be detected. This was complete hemiplegia, affecting the right side. I was, of course, led to a closer scrutiny of the various organs, whose derangements could give rise to such a symptom, before prescribing. The closest examination could detect no primary disease of the encephalon or spinal marrow, of the thoracic vicera, kidney, or any other organ, except those concerned in digestion. The slight degree of nausea; the abdominal tenderness; the absence of thirst and vomiting; the state of the tongue, and the absence of those nervous symptoms so characteristic of ileitis, though these, taken separately, would not justify the diagnosis, yet, taken together, forbade the idea of gastritis or enteritis; and the absence of the rational and physical symptoms of hepatitis, except slight jaundice and bilious stools, led me to look upon it as merely a case of common continued fever, which recognised for its cause, at least its only appreciable pathological complication, that state of the digestive apparatus to which Andral (Cours de Pathologie, etc.) has given the name of secretory irritation; and to consider that the hemiplegia depended upon the sympathetic influence of the stomach upon the encephalon or spinal marrow; I accordingly prescribed an emeto-cathartic of calomel and ipecacuanha, followed by mild aperients, and the usual remedies used in bilious fever; no injurious effects resulted from the prescription, but, on the contrary, the fever began to decline, and with the improvement in the other symptoms, the paralysis subsided. The patient was perfectly restored in a few days.

Am I correct in the opinion that the stomach can exert such a sympathy as this, when itself is affected in this very mild degree, without any symptom which can be referred to inflammation of this organ; and in a person not at all unusually impressible, as was this young lady, notwithstanding her sex? This case teaches us how cautious writers should be in drawing conclusions for universal application, from particular symptoms, as to the condition of the organ through which they are immediately manifested, or of those which may affect it sympathetically. Leaving out of question the ultra views of Brousais and his followers, how many, from reading Stokes's lectures, Louis's works, Andral's Clinique (amongst the most cautious works on diagnosis) would have referred this symptom to gastritis or encephalitis! But the result of treatment, I conceive, justifies my views; and had I adopted a different plan, my patient would probably have been confined to her bed two or three weeks.

BIBLIOGRAPHICAL NOTICES.

Brigham on the diseases and functions of the Nervous System.[1]

Dr. Brigham, in the work before us, discusses the structure and functions of the brain, and various opinions that have been entertained thereon, so that the first part of his work is mainly anatomical and physiological. The second part is devoted to the diseases of the brain and of other parts of the nervous system, on which the author was compelled to be brief. Yet he is comprehensive, and, we are glad to find, has not permitted his views on certain functions of the brain to render him wholly exclusive in his opinions. Still he is disposed to admit much to be proven, which we should consider to be hypothetical.

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[1] An Inquiry concerning the Diseases and Functions of the Brain, the Spinal Cord and the Nerves. By Amariah Brigham, M. D. 12mo. pp. 327. New York, 1840.

Among the diseases of the nervous system we find hypochondriasis and dyspepsia; the former placed there with much propriety, the latter on very questionable grounds. We have had much to do with severe students, and have closely investigated their habits, and have quite satisfied ourselves, that disordered digestion rarely, if ever, arises from the employment of the brain in its own acts. As these acts, however, are so often attended with the collateral morbific agencies—of irregularity in sleeping and eating, want of due and regular exercise, &c., it is not surprising that dyspepsia should be ascribed to them. In a review of the fanciful Madden's Infirmities of Genius, in the American Quarterly Review, published some years ago, we developed our views on this subject, and endeavoured to show that, except in particular cases, the tendency of study is to render the individual longevous (*American Quarterly Review*, xxix, 214, and the Editor's *Elements of Hygiene*, p. 461); and since that period we have seen no reason to modify the opinions then expressed.

MISCELLANEOUS NOTICES.

New York Hospital and Bloomingdale Asylum.—Two thousand and forty-one patients have received medical and surgical treatment in the former extensive institution in the year 1839.

In the Bloomingdale Asylum, 113 were admitted.

Albany Medical College.—At a meeting of the trustees of this institution held on the 1st day of April, the department of Materia Medica and Pharmacy was changed to Materia Medica and Natural History, and the department of Chemistry and Natural History was changed to Chemistry and Pharmacy.

Professor D. M. McLachlan was elected Professor of Obstetrics and Diseases of Women and Children, in place of Professor Bedford, resigned.

Professor E. Emmons was elected Professor of Materia Medica and Natural History, in place of Professor McLachlan.

And Lewis C. Beck, M. D., of Rutger's College, was elected Professor of Chemistry and Pharmacy, in place of Professor E. Emmons.

The Faculty is now composed of the following gentlemen, viz:—

Alden March, M. D., President and Professor of Surgery.

James McNaughton, M. D., Professor of the Theory and Practice of Medicine.

Ebenezer Emmons, M. D., Professor of Materia Medica and Natural History.

James H. Armsby, M. D., Registrar and Professor of Anatomy.

Lewis C. Beck, M. D., Professor of Chemistry and Pharmacy.

David M. McLachlan, M. D., Professor of Obstetrics and Diseases of Women and Children.

Thomas Hun, M. D., Professor of the Institutes of Medicine.

Amos Dean, Esq., Professor of Medical Jurisprudence.

Report of the Obstetric Department of the Philadelphia Dispensary, for the 1*st*, 2*nd*, *and* 3*rd months*, 1840.—*Joseph Warrington, M. D., Accoucheur.*—Forty women have been delivered of forty-three children, at or near the full term of gestation, three women having twins.

Twenty-four of the children were boys, nineteen were girls—in two of the twin cases the children were boys, in the other case they were girls.

The average duration of labour in ten cases, was 13 hours 24 minutes—the extremes being 2 and 33 hours.

The average time occupied in the spontaneous delivery of the placenta in sixteen cases, was 19 minutes—the extremes being 5 and 75 minutes.

In two cases the placenta was withdrawn from the os uteri and vagina after it had occupied that situation, in one case 120 and in the other 240 minutes—being in these cases retained merely for want of expulsive effort.

In another case the edge of the placenta and a portion of the membranes adhered to the uterus, requiring prompt and efficient aid in their separation and removal.

In one case the placenta was extensively studded with calcareous deposites without being accompanied with any feebleness or indisposition of the child.

Of thirty-seven cases of cephalic presentation, fourteen were of the first, one of the second, two of the third, one of the fourth, and one of the fifth position of the vertex—no other variety was noted.

The case which presented the occiput in the fifth position was converted into the first, by acting upon the right temple with the finger.

The forceps were applied at the superior strait in one of the cases of third position, and the patient safely delivered after a tedious and exhausting labour.

In the other case of third position the delivery was facilitated by converting it into a first position.

In the case of adhesion of the edge of the placenta and a portion of the membranes, the hemorrhage after delivery became alarmingly profuse. Ergot suspended in brandy was administered, and as soon as the adhesions were broken up, the complete contraction of the uterus was aided by frictions, followed by a graduated compress upon the hypogastric region, and a tight bandage around the lower part of the abdomen.

In one case severe and extensive peritonitis came on the third day after delivery—this was treated by copious and repeated bleedings, general and local, calomel, Dover's powder, castor oil, and towards the conclusion, free vesication over the abdomen.

One patient suffered from severe uterine engorgement with exalted sensibility, which was speedily relieved by free venesection and saline cathartics.

All the women recovered.

Of the children, one had hare lip, which was successfully operated upon at five weeks old, by Dr. Mütter.

One male child suffered from sabulous deposites in its urethra and difficulty in urinating.

One female child had retention of urine. Both these cases required the use of the catheter for several days after birth; they recovered, and all the other children have done well, with the exception of one, which died in convulsions on the fourth day after its birth.

Nine pupils have participated in the "Practical Instructions," and attendance upon cases conducted by the Accoucheur, during the period embraced in the above report.

Mortality of New York, 1839.[1]—The whole number of interments within the city during the year ending Dec. 31st, 1839, were 7953; being 100 less than for the year preceding.

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[1] From Dr. Walters's Report of Interments.

Of these, 7491 were from among the white population, and 462 were coloured persons.

Of the whole number 4389 were males, and 3564 females. This excess of mortality among the male population, as already stated in the reports of interments for previous years, is not easily explained, and is probably much greater than the proportion of male over female residents.

The disparity commences during fœtal existence, as is shown in the table of still-born infants, and continues almost through every period of life.

The average mortality among the foreign population appears to be much greater than among the native citizens. Of the whole number of deaths in persons over ten years of age, 1419 were natives and 1853 were Europeans.

The season of the year most fatal to human life in this city, as shown by the tables, is during the months of July, August, and September. The season, on the contrary, in which the fewest deaths occur, is during the three months immediately preceding these, namely, April, May, and June.

The great mortality in this city among children under five years of age, has long been the subject of remark. During the past year, excluding the still-born, more than half the deaths, or 3696, occurred in children before the completion of their fifth year. The diseases most fatal within this period of existence are, marasmus, inflammation of the brain, hooping cough, measles, scarlet fever, dysentery, diarrhœa, cholera infantum, croup, convulsions, dropsy of the brain, and teething.

The mortality from pulmonary diseases, including in this list all the disorders of the respiratory organs, is nearly equal to one-third of the whole number of interments.

The deaths from pulmonary consumption alone, during the past year, were 1,315, being an increase of 90 over the year preceding.

The mortality from pulmonary consumption in this city, may be rated at one-sixth of all the deaths; but the average varies greatly among the different classes. It is worthy of remark, that of those over ten years of age, that die of this disease, more than one-half are natives of Europe. Of the 5564 deaths among the native white citizens, only 610, or about one in nine, occurred from consumption. Of the 462 deaths among the coloured population, 132, or one in three and a half, occurred from this disease. And of the 1853 deaths among the European population, 563, or about one in three and a quarter, occurred from the same disease.

The city has been visited by no fatal epidemic during the past year; and, with the exception of measles, the various contagious diseases have been less prevalent than formerly.

The tables show 68 deaths from small pox. The proportion of these that had previously undergone vaccination cannot be ascertained; but as 38 of them, or more than one-half, were among children under five years of age, the probability is, that very few of the whole number had resorted to the only efficient means of protection against this loathsome and fatal malady.

Dr. Parrish.—[For the following obituary notice, we are indebted to one who was intimately acquainted with the actions and motives of the estimable physician, who has been recently lost to this community and to the profession.—Ed.]

Dr. Joseph Parrish was born in Philadelphia in the year 1779, of respectable and pious parents, who were members of the religious Society of Friends. His father was a hatter, and he, being the youngest of eleven children, was kept under the paternal roof, and instructed in the lighter parts of this business.

He was strongly inclined from boyhood to the study of medicine, but circumstances prevented him from attaining his wishes, until he had passed his 22d year. About this period he entered the office of Dr. Wistar, at that time Professor of Anatomy in the University of Pennsylvania. He soon exhibited strong proofs of talent, and remarkable assiduity in the pursuit of medical knowledge, which, joined to a disposition unusually amiable, strongly endeared him to his preceptor, and to his associates. He graduated in the University of Pennsylvania in the spring of 1805. The occurrence of yellow fever in Philadelphia in the autumn of this year, gave him an early opportunity of becoming extensively known.

He was elected resident physician of the city hospital at Bush Hill, and soon distinguished himself for his skill, and attention to the patients who sought a refuge in that establishment. Soon after completing his duties here, he was elected physician to the Dispensary, and obtained a share of private practice. He rose rapidly in public esteem, and was elected surgeon to the Alms House Hospital about the year 1809.

He soon became prominent for his abilities as a surgeon, was prompt and skilful as an operator, possessed remarkable acumen in diagnosis, and was conspicuous for the precision and forethought which marked his conclusions. He also became popular as a clinical lecturer, his remarks at the bed side being eminently practical, and his manner and style of delivery exceedingly pleasing. He held this situation for about 15 years, during which time his reputation continued to advance, and he became extensively known as a surgical teacher to the numerous medical students who visited Philadelphia to pursue their studies.

In the year 1816, he was elected Surgeon to the Pennsylvania Hospital in the place of Dr. Physick, who resigned on account of ill health. By his close attention to the duties, and his high character as a surgeon, he contributed largely toward maintaining the exalted reputation which this institution had acquired as a surgical school. He held this situation until the spring of 1829, when he resigned in consequence of ill health, and an indisposition to engage in extensive surgical operations. His active benevolence toward the inmates of hospitals, and his constant watchfulness over their comforts, was the theme of admiration from all those who had any knowledge of Dr. Parrish as an hospital surgeon.

During the period of his connection with public institutions, and for some years afterward, he always had a class of private pupils, who received instruction from him at his office or lecture room, and who obtained many important practical advantages, which his extensive opportunities enabled him to afford. His class was usually composed of from 15 to 25 young men from the city and different parts of the country.

He gave a regular course of lectures on the practice of medicine during the summer term, and on surgery during the winter. His lectures consisted of general remarks on particular diseases illustrated by the narration of cases, which had occurred in his own practice. He taught only what he knew from actual observation—referring his students to medical works and to the lectures at the schools, for more extended and elaborate descriptions. He was very careful to preserve a record of interesting cases, which fell under his notice, and his lectures abounded in valuable information derived from this source.

His pupils contracted for him the warmest esteem and affection, and amongst them are some of the most distinguished members of the profession.

He published essays on a variety of subjects, which are to be found chiefly in the Eclectic Repertory, of which he was one of the editors, and in the North American Medical and Surgical Journal.

His remarks on pulmonary consumption, which appeared in several numbers of the latter periodical, have attracted general attention, and have obtained additional interest from the fact, that a post mortem examination of his own body, proved that he himself was the subject of this malady in early life, and that he was cured by the practice, which he had so warmly advocated, in opposition to the almost united medical opinion of the day. He published the American edition of Lawrence on Hernia, with an appendix—

and, within a few years of his decease, a work on Hernia, and some of the diseases of the urinary organs, which contains a large number of observations, derived from his own practice.

His views of the medical profession were of the most exalted character—he believed it the most dignified pursuit, which could engage the attention of man, and he despised any attempt to render it subservient to selfish or sordid ends.

His standard of medical ethics was truly elevated, and his sense of honour and propriety in his intercourse with his medical brethren was delicate and refined. In a most extensive private practice for a period of thirty-five years, during part of which time he was in the occupancy of important public stations, he perhaps had not—certainly he ought not to have had—an enemy in the medical profession.

His fostering attentions to the junior members of the profession secured for him their warmest regard, and his numerous acts of disinterested kindness towards many of them will never be forgotten.

Dr. Parrish enjoyed to a remarkable degree the confidence of the community, and, until within a short period of his death, was laboriously engaged in professional duties. His medical correspondence was very extensive, and his opinions highly valued over the whole country.

As a philanthropist and Christian he held a conspicuous rank, and contributed largely of his time and his means, in advancing those objects which were calculated to relieve the sufferings of his fellow beings. He died in his 61st year, on the 18th of March, 1840, universally beloved and regretted.

On the treatment of acute rheumatism by opium.—By. D. J. Corrigan, M. D.[1]—[We have used the opium practice in acute rheumatism, as well as the various narcotics and acro-narcotics. When pushed so as to affect the system, we have found them all to be occasionally beneficial. The opium practice has, we think, been as serviceable as any, and its use is entirely philosophical.—Ed.]

Eight cases of acute rheumatism cured by opium alone are given in detail by Dr. Corrigan, and as the practice appears to be novel, whilst it recommends itself from its simplicity and general applicability, a short notice of these cases may be read with interest. When he first commenced the opium treatment he was afraid to trust to it alone, and therefore combined it with calomel; but finding that no good resulted from this combination, he dropped the calomel, and continued the opium alone.

Three of the cases are selected to illustrate the mode in which the remedy was administered.

Mr. R., aged 30, was seen on the 19th January, 1838. For several days he suffered from flying pains, but for the last three days he has been under the most acute suffering from pain in the shoulders, in the back of the neck, along the loins, in the knee, wrist, and ankle-joints. The knees, ankles, and wrists were swollen, and exquisitely painful. He had slept none for three nights; the pulse was 132; the bowels free; the tongue covered with a thick white coat; the urine very high-coloured, and depositing a pink sediment; and the skin partially perspiring. One grain of opium with two of calomel were given every third hour, and opiate fomentations were applied to the joints. On the next day the pains were less, and the pulse had fallen to 120; but he had not slept. The opium was therefore increased to a grain and a half every third hour.

On the 21st he had slept some, and the pulse had fallen to 104. The pains were greatly diminished, and the swellings of the joints somewhat lessened.

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[1] Dublin Journal of Medical Science, November, 1839, and Edinb. Med. and Surg. Journal, January, 1840, p. 243.

The opium was continued in the same dose. Next day he was found to have slept well, and the pulse had fallen to 92. The opium without the calomel was continued for three days longer in the dose of a grain and a half every third hour, at the end of which period, being quite free from pain, and with a quiet pulse, he was put on bark.

Dr. Corrigan attended his friend Dr. Aldridge, who had a very severe rheumatic attack of three days' duration when he was first seen by Dr. Corrigan. Nearly all the large joints were swollen and acutely painful, and the pains were shifting from joint to joint. The pulse was 120 ; the tongue very foul, but moist; and the want of rest from the agony of the pain was most distressing. He was immediately put on the opiate treatment. He first got one grain every two hours ; the quantity was then increased to one grain every hour ; and this was continued for thirteen days, with the administration of an occasional purgative. On the fourteenth day he began to take the *Mist. guaiaci c. sulph. quinæ ;* and on the fifteenth day he was walking about his parlour, complaining only of not being so strong as usual, but free from pain and swelling. Dr. Aldridge calculated he had taken about two hundred grains of opium during the treatment.

Mr. H. aged 26, had suffered for three days under a very acute attack of rheumatism. The shoulders, wrists, and knees were swollen, and very painful ; and the pains had been so severe that for three nights he had not closed an eye. His pulse was 120 and full ; and his tongue moist. He was put on the opium treatment, and took every day for six days from eight to ten grains of opium. On the seventh day, he began to take along with the opium the *Mist. guaiaci c. sulph. quinæ*, and on the eighth day of attendance, he only complained of some stiffness in the affected joints. His pulse had fallen to 76, and his appetite was good.

In one of his cases pericarditis was threatened, the pulse became affected, oppression and constriction across the chest were felt, the countenance became anxious, and the patient was bathed in profuse perspiration. These unpleasant symptoms subsided under the steady use of the opium combined with a grain and a half of quinine to each dose.

Dr. Corrigan remarks, that "the most important rule to be remembered in employing opium for the cure of acute rheumatism is, that full and sufficient doses shall be exhibited ;" unless carried to this length it is sure to end in disappointment. He mentions it as a singular circumstance, that sometimes during the progress of the cure under the opium, diarrhœa should come on so as to require the exhibition of chalk and kino. He recommends the local application of flannel soaked in warm spirit of turpentine, or in camphorated spirit, or in simple decoction of poppy heads, to the inflamed surfaces. If the patient should suffer much from constant profuse perspirations, he recommends the conjunction of sulphate of quinine with the opium.

Dr. Corrigan thinks this plan of treatment superior to all others, because it shortens the duration of the attack, alleviates the sufferings of the patient, husbands the strength, and prevents the complications of endocarditis, pericarditis, &c., which so often complicate this disease, and are the cause of prolonged suffering ending only in death.

At the end of his abstract of Dr. Corrigan's paper, the editor of the Edinburgh Journal has the following note.

Several years ago we had an opportunity of testing the efficacy of this practice, and found it superior to every other. Large doses of opium were at first given, not with the view of curing the disease but of alleviating the intense suffering under which the patient laboured. Since then we have employed it in several cases, and always with the most marked benefit; the disease seldom lasting beyond a fortnight, and being much alleviated during the whole course of the treatment.

Experimental researches on the functions of the brain. By M. Nonat.[1] —[The following are additional speculations on the yet unknown functions of various parts of the brain.—Ed.]

According to M. Nonat the lobes of the brain, the *corpus callosum*, the fornix, the *corpora striata*, the optic layers, the cerebellum, and the crura of the cerebrum, are not possessed of general sensibility, as evidenced by touch. In the lobe of the fourth ventricle, as was shown by MM. Magendie and Desmoulins, resides the faculty of the perception of general sensibility. Physiologists are wrong in placing the seat of sensibility in the cerebellum, as an animal from which the whole of the cerebellum has been removed retains the faculty of seeing, hearing, tasting, feeling, and smelling.

With regard to the influence of the cerebellum over the movements of progression or of standing, M. Nonat has arrived at the following results:

1. The lobes of the cerebrum direct the movements. Thus, when we wish to go from one place to another, it is by the action of the cerebral lobes that we are enabled to execute the movements necessary for this purpose. A rabbit deprived of the lobes of the brain executes the same movements as before; it is only weakened; but it can no longer avoid any obstacle, it cannot find its food; in short, it is deprived of that principle which formerly gave to all its movements a determinate direction.
2. The *corpora striata* regulate the movements backwards.
3. The *thalami optici* exercise a considerable influence on the actions necessary for standing; they furnish in a great measure the principle which supports the energy of muscular contraction.
4. The cerebellum directs the regularity of the forward movements; it appears to direct the movements of the lower extremities; and probably has also some influence on the equilibrium of the movements.
5. The circle formed by the cerebellum, its crura, and the transverse fibres of the cerebral protuberance regulates the movements of rotation around the axis of the animal.
6. The *tubercula quadrigemina* are necessary to the regular exercise of motion. Their lesion disturbs the harmony of the actions required for progression or for standing. This result agrees with that of M. Serres.
7. The lobe of the fourth ventricle contains a principle which overrules and regulates the respiratory movements, vomiting and crying. In this part of the encephalon resides a principle, in virtue of which an animal has the consciousness of tactile, and also of sonorous impressions.

On the causes of sudden death. By Alphonse Devergie.[2]—It is the common opinion that apoplexy is the most frequent cause of sudden death. M. A. Devergie has endeavoured to ascertain how far this opinion is founded in truth, and has found that sudden death from affection of the brain is rare. Of forty cases which he has examined he has met with four only in which death resulted from an affection of the brain; three in which there was congestion of the brain and spinal marrow; and twelve in which the brain and lungs were simultaneously affected. Sudden death from an affection of the lungs alone is the most common. M. Devergie met with twelve cases of this out of forty; and if to these we add the twelve examples of sudden death in which the lungs and brain were both affected, we shall have twenty-four out of forty in which the lungs were affected in cases of sudden death. Death from affection of the heart was the most rare. M. Devergie met with it only three times.

It results from these researches that, if arranged according to the order of their frequency, sudden deaths are occasioned, 1. from an affection of the lungs; 2. of the lungs and brain; 3. of the brain and spinal marrow; 4. from hemorrhage; 5. from an affection of the heart. It is consequently an error to regard apoplexy, that is circumscribed cerebral hemorrhage, as the most common cause of sudden death, since of forty cases M. Devergie observed an apoplectic effusion of blood only once. Sanguineous congestions of the meninges should not be ranked among cerebral hemorrhages. M. Devergie further ascertained that sudden deaths were more frequent during winter, and more common in men than women. Among the forty deaths noted only five were of women. He also observed that sudden deaths occur chiefly among persons from forty to fifty, and sixty to seventy years of age.

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[1] Gazette Médicale de Paris, 19th October, 1839, and Edinb. Medical and Surgical Journal, January, 1840, p. 239.

[2] Annales d'Hygiène Publique, July, 1838, and Edinb. Med. and Surg. Journal, January, 1840, p. 242.

NECROLOGY.

MM. Biett, and H. Cloquet.—Our recent Journals[1] announce the deaths of M. Biett, one of the physicians of the Hospital St. Louis, well known for his valuable researches on cutaneous diseases; and of M. Hippolyte Cloquet, the author of many contributions to medical science, of which his *Faune des Médecins*, in four volumes, is the most elaborate.

BOOKS RECEIVED.

From Sir James Clark.—Statement of the case of the late Lady Flora Hastings. 8vo. pp. 15.

From Professor Horner.—Catalogue of the Trustees, Officers and Students of the University of Pennsylvania. 8vo. pp. 35. Philadelphia, 1840.

From the same.—Catalogue of the Medical Graduates of the University of Pennsylvania, April 3, 1840.

From the Committee of Publication.—Valedictory Address to the Graduates of the Medical Department of Pennsylvania College. By William Rush, M. D., Professor of the Theory and Practice of Medicine in the Medical Department of Pennsylvania College. 8vo. pp. 16. Philad., 1840.

From Dr. Joseph S. Nancrede.—Notice sur le Monésia, par M. Bernard Derosne, Pharmacien à Paris. 8vo. pp. 16. Paris, 1839.

From the same.—Tableau synoptique presentant l'essai analytique l'indication de quelques préparations pharmaceutiques et les propriétés médicinales d'une substance végetale nouvellement importu de l'Amérique du Sud, et counue sous le nom de Monésia, par Martin-Saint-Ange.

[We have already given a long account of this new remedy, by M. Martin-Saint-Ange, in the pages of this Journal. Intelligencer, March 1, 1840, p. 363.]

From Professor Frost.—Catalogue of the Officers and Students of the Medical College of the state of South Carolina, 1839-40.

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[1] London Lancet, March 14, 1840, p. 396.

THE

AMERICAN MEDICAL INTELLIGENCER.

Vol. IV. **May 15, 1840.** **No. 4.**

For the American Medical Intelligencer.

Art. I.—CASE OF FISTULA IN ANO, WITH OBSERVATIONS.

Columbia, South Carolina, April 6, 1840.

Cornelius Morgan, æt. 26, a hatter, of an unhealthy aspect, was admitted into hospital, labouring under the above complaint, of which the following is an accurate history, at the time of his admission.

There are three fistulous openings close to the verge of the anus on the left side, two of which are very small, and will scarcely admit the point of a probe: the third and most external one is much larger, its edges are smooth and indurated, and the integuments around it are for some extent red, thickened, and detached from the subjacent parts. Upon introducing a probe into the most internal of these fistulous openings, a canal can be traced extending upwards towards the rectum about an inch and a half, but it does not communicate with the intestine. Neither of the other two extends so high up, nor do they communicate with the first mentioned fistulous opening, nor with the canal of the rectum. He suffers no pain, but great inconvenience from the discharge of matter, and experiences considerable uneasiness when walking, or whilst sitting on the part. His breathing is short, and he is troubled with palpitations of his heart, particularly after the slightest exertion. He labours under a distressing cough, which is attended with copious expectoration. The pulse is 112, and varies upon the slightest change of posture. He has nocturnal perspirations, which are principally confined to his head and chest. His appetite is tolerably good; he has no thirst, and his bowels are generally regular.

He states that his complaint commenced about fifteen weeks previous to his admission into the hospital; at which time he first observed two small swellings in the vicinity of the anus, which at times gave him a good deal of pain, especially when he coughed, sneezed, or went to stool, and in sitting he was compelled to rest upon the right buttock, that is, the opposite one. At the expiration of a month, the skin covering these swellings having become red, and the pain acute, he was obliged to apply to a surgeon, who, to relieve him, made an incision into each swelling, when a quantity of fetid matter issued from them, which afforded him instantaneous relief from pain. They have continued to discharge matter of an offensive nature ever since, but *he has never observed air* or *fæces* to escape through the openings.

He has been labouring under a cough for twelve months, and he thinks it has been materially relieved, since the swellings were opened. By the assistance of the stethoscope it has been ascertained that tubercles exist in the superior lobes of each lung. He can ascribe no cause for his complaint. According to his own account, he has always lived in a moderate and regular manner, although he acknowledges having undergone a mercurial course about five years previously for a venereal complaint.

Upon consultation he was deemed a subject unfit for operation, and he was accordingly discharged from the hospital.

Observations.

In cases like the present, it is always a most desirable object to ascertain, as far as possible, the habits of the patient; for a surgeon, who lives in a large city, and who is accustomed to see more of the various trades labouring under disease, will upon reflection and from experience, find that different trades are subject to different diseases: that the members of one class are more dissipated than those of another: that diseases in them are modified by their previous habits, and that it not unfrequently happens they are unfit subjects for undergoing surgical operations. The man, whose case has been just related, belongs to the trade of hatters, who, it is found, are a very dissipated class of the community, and are consequently ill adapted to bear an operation well.

From the history of this case it is discovered, that distinct abscesses formed in the vicinity of the anus; and, although in this instance, the fistulæ do not communicate with the gut, yet in the generality of cases, where more than one exists, the sinuses do communicate with the intestine; and it is also observed that a succession of abscesses is produced, whilst one is being converted into a fistula. The pulse in this case is accelerated upon the slightest exertion, and by means of the stethoscope, the existence of tubercles in the lungs has been ascertained; so that, taking these circumstances into consideration, it must be inferred that he is not a fit subject to undergo an operation. To those who were only partially acquainted with the true nature of this complaint, it might perhaps appear, that every case of fistula in ano might be operated on; but experience proves the contrary, so that an accurate discrimination, as will be presently seen, is absolutely requisite.

A fistula always pre-supposes an abscess or wound: an abscess, when it forms near to the anus or in the perineum, either bursts spontaneously, or, to relieve the patient, is opened by the surgeon; after which it degenerates into a fistula, having hard and callous edges, and is not disposed to heal, on account of the thin matter, which is constantly escaping, and of the nature of the parts, which in this region are loaded with an immense quantity of fat, and are not, as in other parts of the body, capable of taking on the adhesive inflammation. Although this is the mode in which an abscess degenerates into a fistula, yet a fistula in ano is very often the result of a wound.

Fistula in ano, in relation to the internal orifice of the fistulous canal, has been arranged under different heads, to which the celebrated Mr. Pott has applied the name of "complete," "incomplete," and "blind" fistula. He calls that fistula complete, when one or more external orifices communicate by one or more internal openings with the canal of the rectum. Incomplete, when there is an external orifice, and no communication whatever with the gut: and blind fistula, when there is no external opening, but when there is an internal orifice communicating with the intestine. The case related is one of incomplete fistula; there was no internal opening, and the head of the probe could not be felt naked, although it could be felt through the walls of the intestine; besides, when the patient passed either flatus or fæces, he was not sensible of either issuing through the opening: all these circumstances are learnt from the history of the case.

With respect to the external opening, when it is situate near to the rectum, there are not many parts to cut through during the operation; but when it is at a distance from the anus, as near to the tuberosity of the ischium, all the intervening parts must be divided, which is a severe operation, and a considerable length of time must elapse, before the healing process is perfected. At other times, there may be more openings than one, and the entire trajet of the sinus is very callous and hard, so much so that in the operation, particularly in incomplete fistula, it not unfrequently happens that the instrument breaks, which is an accident that wears an unfavourable appearance, although it may have been the bounden duty of the surgeon to perform the operation: in private practice, this accident is of more moment, than in the ordinary duties of an hospital: again, in this latter instance, in consequence of the hardness of the part, they are a long time in healing, and remain so, before any impression can be made on them by external and stimulating applications.

Before the operation is proceeded with, particular inquiries should be made into the state of the patient's health, and it is also necessary, that he should submit to an accurate local examination; as either local or constitutional causes are sufficient to forbid the operation: the latter are to be most diligently scrutinized; the former are less devious.

A question thence arises, what are the constitutional causes, which prohibit the operation? If the patient has any cough, thereby indicating an affection of the chest, minute inquiries should be instituted as to the nature and quality of the expectoration, and whether the patient laboured under the thoracic affection previous to, or after the formation of the abscess. The man whose case has been detailed above, had cough and palpitation of the heart long before the local symptoms made their appearance, and in all probability the abscess was owing to the constitutional distress, which had existed for so long a time already, and, if he had been subject to hemorrhoids, was occasioned by the interruption given to the circulation of the venous blood. A slight cause, however, produced the abscess, and it is evident that the fistulæ were consequent to the pulmonary irritation. If, therefore, a patient has nocturnal perspirations, or labours under any of the above symptoms, and if by means of the stethoscope a permanent disease in the lungs is detected, it would be fruitless to perform the operation, the parts would not heal, whilst the hectic fever remained, although but few parts, as in the case before me, were to be cut through, since the probe can be felt almost naked through the walls of the intestine, when it has been introduced into the fistula: besides, his pulse is raised to 120 on the slightest exertion.

Instances, however, are occasionally met with, where the patient suffers from hectic fever, oppression of the chest, cough and expectoration, and where the operation may be after some time performed; but even here, it must be borne in mind, that these symptoms must have been consequent, and not antecedent to the formation of the abscess and subsequent fistula: thus, if a man sits on a damp place, or gets a cold, an abscess may form near the anus, but the constitutional symptoms are only temporary, and by attending to the nocturnal perspirations and advising the patient to a change of air, there will be no constitutional disturbance after the lapse of a few months, when the operation may be undertaken with perfect safety and with every prospect of success; but if the operation had been performed during the presence of the pulmonary affection, he would not recover, as he was not then in a state fit to bear the operation. In the case under investigation, the operation would not have relieved him, as the history of the case demonstrates in the most satisfactory manner, that the patient laboured under pulmonary disease, a long time previous to the occurrence of the fistula for which he was admitted into the hospital.

The local circumstances prohibiting an operation are few, yet they are not to be overlooked: sometimes a fistula in ano is accompanied by a scirrho-contracted rectum, so that when the finger is introduced up the rectum, it is done with difficulty, and when withdrawn it is tinged with blood, and after the examination, the patient experiences excruciating pain: an operation under such circumstances would only tend to an aggravation of the symptoms of the disease, and as there are no specific means of treating the disease of the rectum, it would be madness to operate upon a fistula of this nature, until the means of curing the rectum itself were ascertained. Sometimes there is true cancer of the rectum connected with fistula in ano; this affection when it occurs, is found among old people, when the rectum and accompanying fistula are of a stony hardness, rough and irregular to the touch like a nutmeg-grater, and attended with lancinating pains and an excoriating discharge: an operation in such instances would be highly improper, as also where the patient laboured under any urinary disease. There are also other causes to forbid the operation, as diseases of the neighbouring bones, such as the sacrum, coccyx, and tuberosity of the ischium: these affections are antecedent to the fistula, so that the original complaint must be removed, before the secondary affection can be cured. Again, the fistula may have originated high up along the side of the rectum, far beyond the reach of the finger: besides, the rectum may be surrounded with a deep fissure or ulceration, so as to be completely isolated from the surrounding parts; in such unpropitious circumstances, no surgeon would attempt so hazardous an expedient as an operation.

From a review of the remarks I have just made in relation to the treatment of fistula in ano, it must appear sufficiently evident, that every case is not adapted for an operation; that a nice discrimination is of the utmost utility, and that an accurate history of the cause and course of the disease, and of the state of the constitution in each particular instance, is of paramount importance to the practitioner.

Robert Vogan, M. D., A. B. T. C. D.,
Royal College of Surgeons in Ireland.

BIBLIOGRAPHICAL NOTICES.

Boardman's Essay on the Means of Improving Medical Education.[1]

The author is a young graduate, but not a novice in thinking or in writing. He speaks out boldly, and generally, we think, correctly. There can be no doubt whatever, that medical education—as practically administered—admits of great and most beneficial reform; but all the necessary changes are beset with numerous and, it seems to us, insuperable obstacles. In the overwhelming number of medical schools in this country, it is impossible to obtain universal accordance in any plan that may be proposed. It has been over and over again suggested, that some uniform course might be thought of, provided a convention were to assemble for this purpose; but this convention would never meet with the concurrence of all the chartered institutions—and consequently any plan it might prescribe would be sanctioned only by the parties to the contract. The schools in which the business of teaching is limited to a few weeks would continue to pursue their course; and as the main—and with many the sole—object of the student is too often merely to get his diploma, the evil would scarcely be mitigated. It is true it would be holding up a goal for him, who is desirous of full information in his calling; but how few are there who are anxious to obtain more than a mere license to practice.

After all, indeed, it must be admitted, that the merit of the physician must rest upon himself, and that the diploma is only the pedestal—as Montaigne has remarked—the man himself being the statue; still it ought to be some evidence, that the professional qualifications of its possessor are such, that the community may at least be safe in his hands.

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[1] An Essay on the Means of Improving Medical Education and Elevating Medical Character. By Andrew Boardman, M. D. 8vo. pp. 24. Philadelphia, 1840.

The propositions, which Dr. Boardman recommends for the reformation of medical education, and the elevation of medical character, are the following.

1. Insist on no qualification, as a pre-requisite to a medical diploma, which is not necessary to the practitioner of medicine, and insist on every qualification which is necessary.
2. Regulate the whole course of medical education in accordance with what should be its objects, namely: to so instruct and train a set of men as to impart to them practical skill to fulfil the duties of physicians and surgeons.
3. To secure such qualifications, confer the diploma on no man who does not show, on a rigid examination, that he possesses the necessary ability as well as the necessary learning.
4. To secure zealous and masterly teaching, take from medical colleges the exclusive right of medical instruction, and subject them to the rivalry of individual talent and enterprise.
5. To secure the door of the profession from being opened by kindness, favouritism, or interest, take from medical teachers the power of conferring diplomas, and vest it in a board of examiners appointed for that purpose.
6. To secure examiners of the first ability, let them be appointed by the profession at large, through their representatives, at the state medical societies, and let their office be considered as the most honourable in the profession. To secure disinterestedness in the examiners, allow them to have no connection with the business of education during their term of office, and let no part of their remuneration depend on the number of candidates which they may pass.
7. To secure union among medical men, and uniformity in medical examinations, let the members of the profession throughout the country unite in one body, to be called the Medical University or College of the United States, by sending delegates from each state to a yearly medical congress, the members of which shall first regulate every thing relating to the general welfare of the profession, and then form themselves into boards of examination, and proceed to all the states of the Union for the purpose of examining candidates, and conferring diplomas.

Report of the Friends' Asylum for the Insane, near Frankford, Pa.[1]

We cannot do better than present the following extract from the report of the physicians—Dr. Charles Evans, attending physician, and Dr. Thomas Wood, resident physician—of this excellent institution.

At the date of our last annual report, there were sixty-five patients remaining in the house, since which time there have been fifty-four received; making an aggregate of one hundred and nineteen persons who have been under care during the past twelve months.

The number received during that time, has fallen short of that which entered in the preceding year, arising from the fact, that in consequence of many of the patients remaining a longer time than ordinary after convalescence, the house has been kept almost constantly full; the average number of inmates during each month having been sixty-two; exceeding that of any former year.

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[1] Twenty-third Annual Report on the state of the Asylum for the relief of persons deprived of the use of their reason. 8vo. pp. 24. Philadelphia, 1840.

Of the patients admitted during the year, seven were suffering under their first attack of Insanity, and had been affected less than three months at the time of entrance; eleven less than three months, but not with the first attack; twenty-one between three and twelve months; three between one and two years; seven between two and five years; two between five and ten years; and three over ten years. Of the latter, one is becoming idiotic from epilepsy. Of these fifty-four patients, nineteen have already been discharged cured.—The whole number discharged during the year, is fifty-six, and four have died; leaving fifty-nine remaining in the house; of which number thirty-six are males and twenty-three females.

Two of the deaths resulted from acute inflammation of the brain, one from mania a potu, and one from general inflammation of the serous membranes. In all the cases, the patients were dangerously ill when brought to the Asylum, and died within a short time after admission.

Of these one hundred and nineteen patients, sixty-three are males, and fifty-six females: seventy-three are single, and forty-six are or have been married. Their classification and the result of treatment, are as follows:

FIRST CLASS.

Patients diseased less than three months at the time of admission, and the first attack,		8
Restored,	5	
[1]Much improved,	1	
Convalescent,	1	
Died,	1	—8
Under three months but not the first attack,		16
Restored,	12	
Convalescent,	1	
Stationary,	1	
Died,	2	—16

SECOND CLASS.

Over three and under twelve months,		24
Restored,	11	
Much improved,	2	
Improved,	2	
Stationary,	8	
Died,	1	—24

THIRD CLASS.

Between one and two years,		6
Restored,	3	
Improved,	2	
Stationary,	1	—6

FOURTH CLASS.

Over two years,		65
Restored,	4	
Much improved,	3	
Improved,	10	
Stationary,	48	—65

Of the fourth class there are but five who have been deranged less than five years; twelve have been deranged between five and ten; twelve between ten and twenty; ten between twenty and thirty; and four over forty years; four, imbecile from puberty, are included in the number.

Where patients are discharged with certificates of "much improved," and convalescence goes on until health is completely restored, the cure may be justly attributed to the means employed at the Asylum.

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[1] Was well soon after leaving the Asylum.

RECAPITULATION.

Patients in the Asylum 3d month 1st, 1839,	65
Received since,	54–119
Discharged or died,	60
Remaining in the Asylum 3d month 1st, 1840,	59–119
Of the sixty patients discharged there were, restored,	25
Much improved,	5
Improved,	9
Stationary,	17
Died,	4—60
Of the fifty-nine patients remaining in the House, there are restored,	10
Convalescent,	3
Improved,	4
Stationary,	43—59

Of the seventeen patients *discharged "stationary,"* eight had been deranged more than ten years, two between five and ten years, and three were imbecile from youth.

Of those remaining in the house, *stationary*, four are imbecile, two are epileptics, one has been deranged over thirty years; ten between twenty and thirty; eight between ten and twenty, and thirteen between five and ten years. One entered the institution yesterday.

Six of those remaining in the house, restored, are waiting until sufficient time has elapsed to test the security of their health, and four are old cases of paroxysmal insanity, now enjoying an interval of reason.

Excepting the four cases which terminated fatally, there has been but little serious *acute* disease in the house during the year; and at the present time the patients are nearly all in the enjoyment of good health, with the exception of those lesions of the brain which affect the manifestations of the mind. No accident of a serious character has occurred; and beside the cures which have been effected, the comfort of those individuals, suffering from long standing disease, and who have been brought to the institution with little or no hope of their being restored, has been uniformly augmented, their habits greatly improved, and in many instances their affliction stripped of many of its most distressing characteristics.

In effecting these results, the same combination of medical and moral treatment has been relied upon, which, under the blessing of Divine Providence, has heretofore been attended with the same gratifying success. In the medical prescriptions, we have no favourite remedy to be resorted to as a panacea upon all occasions; but endeavouring to become acquainted with the various morbid conditions which characterize each individual case, the effort is made to adopt such a course of therapeutical treatment as they appear respectively to demand.

The amusement of the convalescent patients, and their employment in some manual labour with a view of promoting their bodily and mental health, has of latter years claimed increased attention in our institution; and the beneficial effects constantly arising from them, prove that they are deserving the care bestowed in their promotion. From the more sedentary habits, and the kind of employment to which all females are more or less accustomed, there is comparatively but little difficulty in furnishing them with occupation suited to their tastes; but the introduction of a *general* system of employment amongst a company of men, many of whom have never been accustomed to labour of any kind, is attended with many more difficulties than those practically unacquainted with the subject, are likely to suppose. We have, however, by the liberality of the managers, succeeded within the last year to a much greater extent than at any former period. In addition to our former resources the work-shop has been greatly enlarged and improved, and the manufacture of baskets has been introduced. From both these, the most decided advantage has been gained; many of the patients becoming permanently interested in the occupation furnished by them respectively, have thereby been enabled to pass away their time agreeably to themselves, while the exercise and amusement thus afforded, have contributed powerfully to the restoration of their health. Connected with this subject we may here say, that in conformity with the experience of all other similar institutions which have made the experiment both in this country and in Europe (numbering twelve or fourteen), we have found no danger in trusting the patients with all such tools as are requisite for carrying on their different kinds of work. No accident whatever has occurred, either to them or to their attendants; nor do we think any need be apprehended, so long as care is taken in the selection of patients to be employed and in having suitable caretakers constantly with them.

During the summer months many of the men spend some hours of the day in working in the garden and on the farm; nor indeed are they wholly debarred from the benefit derived from this kind of employment during the winter, as the care of the stock, &c., affords sufficient opportunity and inducement for some to employ themselves in the open air. As experience has fully proved that exercise in the open air promotes the more speedy cure of the insane, we endeavour to extend to those under our care its advantages, by making it a rule, that whenever the weather will permit, all the patients who are well enough, shall pass a portion of their time out of doors, and by inducing them to engage in some of the various kinds of amusement provided, as playing quoits, ball, walking, &c. Riding in the carriage, and upon the circular railroad, situated in the lawn fronting the house, continue to be favourite sources of health and enjoyment. Most of the patients have continued to meet on one evening in the week during the winter, as a society, for the purpose of engaging in conversation or debate; and a course of lectures on chemistry, illustrated with interesting experiments, has been delivered to them by the resident physician.

We have still cause to repeat the complaint so often reiterated in our former reports, that most of the patients brought to the Asylum, have been allowed to suffer under their diseases, for so long a time, before their friends were willing to place them in an institution prepared expressly for the treatment of the insane, that the probability of their restoration is materially lessened: and also that after recovery has been effected, in too many instances the friends of the patients are persuaded to remove the individual before sufficient time has been allowed for the brain to have its healthy tone corroborated. An improvement however in this latter respect is taking place.

Philadelphia Hospital.

The following Tables contain the cases treated in the different wards of the medical department of this extensive and important charity, during the year 1839. *Attending physicians*, according to seniority of appointment, Samuel Jackson, M. D., C. W. Pennock, M. D., W. W. Gerhard, M. D., and Robley Dunglison, M. D.; *Attending surgeons*, William Gibson, M. D., W. E. Horner, M. D., J. Pancoast, M. D., and Edward Peace, M. D.

Summary of Cases treated in the Men's Hospital, Blockley, from January 1*st*, 1839, *to January* 1*st*, 1840.

MEN'S MEDICAL WARDS.

Diagnosis.	Under 20	20 to 30	30 to 40	40 to 50	50 to 60	60 to 70	70 to 80	80 to 90	Cured.	Relieved.	Disch'd.	Died.	Rem'ng.
Ascites,	0	4	4	1	2	2	0	0	0	6	6	5	2
Anasarca,	0	1	0	1	2	1	0	0	0	1	1	3	1
Apoplexy,	0	0	1	0	1	0	0	0	0	1	1	1	0
Aneurism of Aorta,	0	1	0	1	2	0	1	0	1	0	1	3	1
Arachnitis,	1	0	1	1	1	0	0	0	0	2	2	1	1
Asthma,	0	0	0	3	0	2	0	0	0	2	2	1	2
Bronchitis, Acute,	2	2	6	5	2	3	1	0	14	3	17	1	3
" Chronic,	0	2	2	1	2	2	0	0	2	5	7	0	2
Coup de Soleil,	0	1	0	0	0	0	0	0	1	0	1	0	0
Congestion of Brain,	0	0	1	0	0	0	0	0	0	0	0	1	0
Cholera Morbus,	0	2	1	2	0	0	0	0	5	0	5	0	0
Constipation,	1	4	2	3	2	0	0	0	9	0	9	0	3
Cephalalgia,	0	1	1	2	0	0	0	0	3	0	3	0	0
Colic,	1	0	0	0	0	0	0	0	1	0	1	0	0
Colica Pictonum,	0	0	1	0	0	0	0	0	1	0	1	0	0
Debility,	0	0	0	1	0	2	0	0	1	0	1	0	1
Diarrhœa,	0	2	9	5	4	2	4	1	16	2	18	6	3
Dysentery,	1	4	6	3	5	2	2	0	17	0	17	3	3
Dothinenteritis,	0	2	0	0	0	0	0	0	2	0	2	0	0
Dyspepsia,	0	0	2	2	0	0	0	0	2	0	2	0	2
Epilepsy,	1	2	0	3	0	1	0	0	0	4	4	0	3
Endo-Pericarditis,	0	0	0	0	1	0	0	0	0	0	0	1	0
Emphysema,	0	0	0	0	1	1	1	1	0	3	3	0	1
Excessive Salivation,	0	1	0	1	0	0	0	0	1	0	1	1	0
Fever, Intermittent,	6	28	12	14	6	2	2	0	67	0	67	0	3
" Remittent,	0	7	3	5	1	4	0	0	17	0	17	0	3
" Typhus,	2	1	1	0	0	0	0	0	3	0	3	1	0
" Typhoid,	0	3	0	0	0	0	0	0	3	0	3	0	0
" Catarrhal,	0	1	1	0	0	0	0	0	2	0	2	0	0
" Gastric,	0	0	1	5	2	1	0	0	6	0	6	2	1
Gastritis,	0	0	1	4	1	1	0	0	6	0	6	1	0
Gangrene,	0	0	0	0	1	0	0	0	0	0	0	1	0
" of Lungs,	0	0	1	0	0	0	0	0	0	0	0	1	0
Hypertrophy of Heart,	0	0	1	1	2	1	1	0	0	2	2	3	1
Hemiplegia,	0	0	1	0	2	0	1	0	0	2	2	1	1
Hepatitis,	0	1	1	0	3	0	0	0	3	1	4	1	0
Hæmoptysis,	0	0	1	2	2	1	0	0	3	0	3	3	0
Inflammation of Spine,	0	1	0	1	1	0	0	0	1	1	2	1	0
" Brain,	0	0	1	0	0	0	0	0	0	0	0	1	0
" Throat,	0	1	1	0	0	0	0	0	1	0	1	1	0
Jaundice,	0	0	0	0	1	0	0	0	1	0	1	0	0
Lumbago,	0	2	5	2	2	0	0	0	8	1	9		2
Laryngitis,	0	0	1	0	0	1	0	0	2	0	2	0	0

MEN'S MEDICAL WARDS.—*Continued.*

Diagnosis.	Under 20	20 to 30	30 to 40	40 to 50	50 to 60	60 to 70	70 to 80	80 to 90	Cured.	Relieved.	Disch'd.	Died.	Rem'ng.
Meningitis, (Tubercular,) .	0	1	0	0	0	0	0	0	0	0	0	1	0
Nephritis, ...	0	1	1	0	0	0	0	0	2	0	2	0	0
Œdema, ...	1	0	0	0	0	0	0	0	1	0	1	0	0
Pleurisy, ...	2	5	4	2	4	2	0	0	16	0	16	1	2
Pneumonia, . . .	0	2	8	4	1	2	1	0	11	1	12	6	0
Pleuro Pneumonia, . .	0	1	1	2	0	1	0	0	5	0	5	0	0
Pneumo-Thorax, . .	0	1	0	0	0	0	0	0	0	0	0	1	0
Purpura, ...	0	0	0	0	0	0	1	0	1	0	1	0	0
Phthisis Pulmonalis, . .	5	19	18	13	6	4	0	0	0	27	27	38	0
Peritonitis, (Tubercular,) .	0	0	1	0	0	0	0	0	0	0	0	1	0
Paraplegia, ...	0	1	2	2	0	0	1	0	0	4	4	2	0
Pericarditis, ...	0	1	1	1	0	1	0	0	4	0	4	0	0
Rheumatism, Acute, . .	0	3	9	3	14	2	2	0	20	3	23	0	10
" Chronic, .	0	2	5	3	2	1	2	0	3	11	14	0	1
" Neuralgic, .	0	1	1	4	2	2	0	0	7	3	10	0	0
Ramollissement du Cerveau,	0	0	0	0	1	0	0	0	0	0	0	1	0
Unknown, ...	0	0	0	1	0	0	0	0	0	0	0	1	0
									267	87	354	96	52

Of the above, 63 were coloured. Total number admitted to Men's Medical Ward, 504.

MEN'S SURGICAL, EYE, AND VENEREAL WARDS.

	Under 20	20 to 30	30 to 40	40 to 50	50 to 60	60 to 70	70 to 80	80 to 90	Cured.	Relieved.	Disch'd.	Died.	Rem'ng.
Amputation, ...	0	1	2	2	0	0	0	0	5	0	5	0	0
Abscess of Bone, . .	0	2	1	1	0	0	0	0	3	0	3	0	1
" of Glands, . .	1	0	0	2	0	0	0	0	3	0	3	0	0
Amaurosis, . . .	1	1	2	0	0	0	0	0	0	2	2	0	2
Bubo, ...	0	3	5	2	0	0	0	0	7	0	7	0	3
Burns, ...	0	1	4	3	1	0	0	0	5	0	5	2	2
Cataract, ...	0	1	1	1	2	0	0	0	4	0	4	0	1
Catarrhal Ophthalmia, .	0	2	0	0	0	0	0	0	0	2	2	0	0
Caries of Bone, . . .	0	1	0	2	0	0	0	0	1	1	2	0	1
Cancer, ...	0	0	0	1	1	0	0	0	1	0	1	0	1
Conjunctivitis, . . .	0	4	14	6	2	0	0	0	0	19	19	0	7
Chancre, ...	0	2	3	2	0	0	0	0	5	0	5	0	2
Carbuncle of Clavicle, .	0	1	0	0	0	0	0	0	1	0	1	0	0
Contusions, . . .	0	4	5	5	2	2	2	1	19	0	19	0	2
Concussion of Brain, . .	0	0	1	0	1	0	0	0	1	1	2	0	0
Coxalgia, ...	0	1	2	2	1	0	0	0	4	0	4	1	1
Condylomata, . . .	0	0	1	1	0	0	0	0	2	0	2	0	0
Dislocations, . . .	0	1	2	1	1	0	0	0	3	0	3	0	2
Disease of Spine, . .	0	0	1	0	0	1	0	0	0	2	2	0	0
Epistaxis, ...	1	0	0	0	0	0	0	0	1	0	1	0	0
Entropium, . . .	0	0	0	1	0	0	0	0	0	1	1	0	0
Erysipelas, . . .	1	1	1	2	1	0	0	0	4	0	4	1	1
Elephantiasis, . . .	0	0	1	1	0	0	0	0	1	0	1	1	0
Excoriations, . . .	0	2	0	0	0	0	0	0	2	0	2	0	0
Exophthalmia, . . .	0	0	1	0	0	0	0	0	0	1	1	0	0
Fungus Articuli, . .	0	1	0	1	0	0	0	0	0	1	1	1	0
Fistula in Ano, . . .	0	0	2	0	2	0	0	0	3	1	4	0	0

MEN'S SURGICAL, EYE, AND VENEREAL WARDS.—*Continued.*

	Under 20	20 to 30	30 to 40	40 to 50	50 to 60	60 to 70	70 to 80	80 to 90	Cured.	Relieved.	Disch'd.	Died.	Rem'ng.
Fractures, ...	0	0	7	5	2	1	0	0	12	0	12	0	3
Frosted Feet, . . .	0	0	0	1	0	0	0	0	0	1	1	0	0
Gonorrhœa, . . .	1	12	8	9	1	0	0	0	24	0	24	0	7
Hernia, ...	0	2	5	7	2	0	1	0	6	8	14	0	3
Hemorrhoids, . . .	0	1	0	4	0	0	1	0	1	2	3	0	3
Hydrocele, . . .	0	0	0	1	1	0	0	0	2	0	2	0	0
Herpes, ...	0	0	0	1	0	0	0	0	1	0	1	0	0
Incised wounds, . .	0	5	0	2	2	0	2	2	13	0	13	0	0
Iritis, ...	0	0	2	1	1	0	0	0	3	1	4	0	0
Lacerated wounds, . .	0	2	2	0	0	1	0	0	5	0	5	0	5
Leucoma, ...	0	0	0	1	0	0	0	0	0	1	1	0	0
Luxation of Femur, . .	0	0	1	0	0	0	0	0	1	0	1	0	0
Lupus, ...	0	0	0	1	1	0	0	0	1	0	1	0	1
Opacity of Cornea, . .	0	2	3	1	0	0	0	0	4	2	6	0	0
Ophthalmia, . . .	1	1	0	0	0	0	0	0	0	2	2	0	0
Obliteration of Pupil, . .	0	0	0	0	1	0	0	0	1	0	1	0	0
Orchitis, ...	0	0	2	0	0	0	0	0	2	0	2	0	0
Phimosis, ...	0	1	4	1	0	0	0	0	4	0	4	0	2
Pernio, ...	0	1	2	1	0	0	0	0	2	0	2	0	2
Pemphigus, . . .	1	0	0	0	0	0	0	0	1	0	1	0	0
Psora, ...	1	1	1	0	0	0	0	0	2	0	2	0	1
Rachitis, ...	0	0	1	1	0	0	0	0	1	0	1	0	1
Retention of Urine, . .	0	0	0	1	0	0	0	0	0	0	0	1	0
Scrofulous Ophthalmia, .	1	2	0	0	0	0	0	0	0	2	2	0	1
" Ulcer of Cornea,	0	0	1	1	1	1	0	0	0	4	4	0	0
Stricture of Urethra, . .	0	0	2	2	3	2	0	0	5	0	5	1	3
Scabies, ...	1	1	1	1	0	0	0	0	3	0	3	0	1
Sprains, ...	0	3	4	3	1	0	0	0	11	0	11	0	0
Scrofulosis, . . .	1	3	6	2	1	0	0	0	0	8	8	1	4
Syphilis, Primary, . .	9	14	13	2	1	0	0	0	36	0	36	0	3
" Secondary, . .	5	18	12	2	0	0	0	0	23	8	31	6	4
" Ulcers and Warts,	2	3	2	1	0	0	0	0	7	0	7	0	1
" Rheumatism, .	0	2	4	2	0	0	0	0	3	3	6	2	4
Tinea Capitis, . . .	0	3	2	0	0	0	0	0	1	1	2	0	3
Tumour on Anus, . .	0	0	0	1	0	0	0	0	1	0	1	0	0
Torticollis, . . .	0	0	1	0	0	0	0	0	0	0	0	0	1
Ulcers, ...	2	0	7	10	0	0	0	0	19	0	19	0	0
Ulcers of Leg, . . .	6	77	82	44	10	9	0	0	175	0	175	4	49
Ulcer of Cornea, . .	0	0	2	3	0	0	0	0	4	1	5	0	0
									449	75	524	21	128

Of the above, 71 were coloured. Total number admitted to Surgical Departments, 673.

Total number admitted to Men's Hospital for the year, 1177. Of the above 134 were coloured.

Married, 591; Widowers, 184; Single, 402.

Intemperate, 713; Moderate, 257; Temperate, 207.

Occupations.—Accountants, 13; Bookbinders, 16; Brick Makers, 34; Blacksmiths, 17; Butchers, 9; Barbers, 12; Coach Makers, 13; Coopers, 24; Carpenters, 59; Coppersmiths, 23; Dyers, 19; Engravers, 9; Farmers, 61; Gardeners, 19; Hatters, 41; Jewellers, 12; Lock Makers, 21; Millers, 11; Machinists, 10; Printers, 34; Porters, 26; Paper Makers, 16; Painters, 10; Saddlers, 33; Shoemakers, 96; Sailors, 59; Silversmiths, 9; Tailors, 81; Turners, 19; Tanners, 27; Tinsmiths, 15; Trunk Makers, 43; Watch Makers, 8; Weavers, 67; Without trades, 215.—Total, 1177.

(*To be concluded in the next number.*)

MISCELLANEOUS NOTICES.

Sir James Clark.—The statement, with which this distinguished and estimable physician has favoured us, completely exonerates him, in our opinion, from the charges that had been brought against his professional as well as private deportment. Placed in the most trying situation, that can well be imagined, in the case of Lady Flora Hastings, he appears to have acted throughout with signal delicacy. It has been suggested, that on no account ought he to have sanctioned the suspicions that were entertained in regard to the pregnancy of the lamented lady; but the statement—which bears all the marks of being as ingenuous as it is able—shows, that he went no farther than the circumstances of the case warranted, and that under the equivocal appearances which Lady Flora presented, and in the court of a virgin sovereign, it was both delicate and judicious in him to state to his patient the suspicions that were entertained, and to be anxious that her character should stand forth unsullied. In the execution of this painful duty, Sir James, we repeat, appears to have acted with the most scrupulous delicacy; nor can we see the slightest reason for the opinion, that he has suffered himself to be made a tool of for the furtherance of political or private malice.

Medical Convention at Philadelphia.—This has turned out an abortion. Not even the mover of the resolution in the Medical Society of the State of New York was present, and but few delegates presented themselves, among whom was Dr. Beck, of Albany—the well known author of the best book we possess on Medical Jurisprudence.

Personally we are thankful for the proposition, inasmuch as it brought among us our distinguished friend even for a short period.

Chorea in New York.—We had not the least idea from our own not very limited observation, that chorea was so frequent in any part of the country, as we see stated in a late number of the New York Journal of Medicine, (ii. 275), in which Dr. Reese affirms, that he himself has employed arsenic in "*over two hundred cases.*"! The number treated by other remedies he has not stated: yet chorea is not a common disorder anywhere; of 32,976 children admitted into the Hôpital des Enfans, of Paris, in ten years, 189 only were affected with it.—(*Rufz.*)

Worm in the Eye of the Horse.[1]—Dr. Dunglison referred to a curious but not unique case, of a worm in the eye of a horse now in Baltimore.

The particulars were contained in a letter to him, from Dr. Joshua J. Cohen, of Baltimore. This entozoon is a species of filaria, (see *Filaria Papillosa*, Rudolphi, Synops. p. 213,) probably from three and a half to four inches in length, and situate in the aqueous humour, in which it moves about with great activity, but its motions are so constant, that it is difficult to appreciate its exact length. The great size of the anterior chamber of the horse's eye, affords it ample space; and through the transparent cornea, it can be observed as well as if it were in a glass vessel. The horse was sent up from Calvert county, Maryland.

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[1] Bulletin of the proceedings of the American Philosophical Society, vol. i. No. ii. p 200, for March and April, 1840.

Dr. Dunglison made some observations on the difficulty of accounting for its presence in this shut sac, and alluded to the different views of distinguished naturalists as to the generation of many of the lower tribes of the animal kingdom—some presuming that they may be formed spontaneously, whilst others consider that the germs must always be received from without. The difficulty, he observed, applied to all the entozoa that infest the animal body; and this case was certainly not more difficult of explanation, than that of entozoa found in the intestines of the fœtus in utero.

Dr. Bache referred to a similar case, which was published in an early volume of the Transactions of the Society, (Vol. ii. p. 183: by F. Hopkinson, Esq., and *Ibid.* p. 383, by Dr. Morgan.)

On the ethereal solution of Ergot. By J. C. W. Lever.[1]—[We would refer our readers to Dr. Hooker's views on the effect of an ethereal preparation of Ergot, which he regards as narcotic but not ecbolic. Boston Med. and Surg. Journ., x. 298; American Medical Intelligencer, Dec. 15, 1837, and the Editor's New Remedies, p. 409. Philadelphia, 1839.—Ed.]

Having made repeated trials of a preparation of ergot given to me by my friend Dr. G. O. Rees, I have been induced to request from him the method of its preparation, in order that I may lay it before your readers.

Although by no means a strenuous advocate for the common employment of the ergot, yet I am prepared to admit its efficacy and value in cases of protracted labour, where the presentation is natural, the pelvis of standard size, where the soft parts are dilated and fully prepared to admit the passage of the child, where uterine effort alone is wanted to complete the labour, and where there are no contraindicating circumstances forbidding its exhibition. In cases of this description, I have used the preparation, and have seen it employed by others, with complete success. I have also tested its efficacy in hemorrhage occurring after the birth of the placenta, when the uterus has not contracted well, or where its contraction and dilatation alternated. In cases of this description, the exhibition of the ergot has been followed by a permanent contraction of the viscus, thus preventing inordinate discharge. In passive menorrhagia, when there exists no organic lesion, this form of medicine will be found of great value; the discharge is generally lessened after the exhibition of the second dose; and in no case in which I have given it, has it failed ultimately to put an end to the bleeding.

All the other preparations of ergot with which I am acquainted not unfrequently produce nausea, sickness, headach, falling of the pulse, dilatation of the pupil, &c.; but in no one instance have I seen these symptoms produced by the ethereal solution: they most probably are caused by some constituent in the drug which ether does not dissolve. I have given the solution to puerperal women in doses varying from gtt. xv. to gtt. xxx. dropped upon a lump of sugar, and have found that uterine action has commenced in twenty minutes or half an hour. In cases of menorrhagia, I have given gtt. v. to gtt. viij. three times a day, and have not had reason to persevere in its employment more than four or five days.

The advantages of this form of the drug may, I think, be stated as, first, the convenience of its exhibition; secondly, the certainty of its operation; and, thirdly, its non-production of those unpleasant and sometimes dangerous symptoms so frequently caused by the other preparations of the ergot. With regard to the method of its preparation, Dr. Rees writes to me as follows:—

"The ethereal solution, the properties of which you have so well tested, was prepared by digesting ℥iv. of the powdered ergot in f℥iv. of ether during seven days. The result was a solution of the fatty matters contained in the drug: this was poured off, evaporated to dryness, and the residue again dissolved in f℥ij. of ether. I have since tried to re-dissolve in alcohol, but the fatty matter appears to contain myricin, which resists that menstruum even at a boiling heat. The solution should be kept in a well-closed glass-stoppered bottle, to prevent evaporation. Each ounce of the preparation may be considered as equivalent to two ounces of the ergot, or gtt. xv. to a half-dram dose of the powdered drug. Should there be any objection to the administration of the ether, the practitioner has only to drop the required dose upon a piece of lump sugar, and expose it to a current of air for a few minutes, when the fluid will completely evaporate. I regret that I have not had leisure to procure the different fatty matters of the ergot in a separate form, and so subject each to trial as a medicinal agent. If this were done, there is little doubt but that a still more convenient form for exhibition might be obtained, and the peculiar action of the drug traced to its true source. It appears highly probable that the fatty matter contained in the ergot is peculiar in character: from one specimen which I examined, I obtained a fat which, when treated with strong sulphuric acid, became a fine green colour—a reaction which I am not aware has ever yet been noticed as occurring with any fatty substance either from the vegetable or animal kingdom."

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[1] Lond. Med. Gaz., April 10, 1840, p. 108.

Yellow Liquor Amnii.[1]—Dr. Purdon, in a paper read before the Dublin Obstetrical Society, mentioned a case, in which, on rupture of the membranes in a woman affected with jaundice, the liquor amnii exhibited a deep yellow colour.

Treatment of Syphilis.[2]—M. Ricord has recently made some observations on the treatment of syphilis, in a French journal, of which the following is the substance.

M. Ricord divides the progress of syphilis into three stages or phases. In the first, the action of the virus is completely local; in the second stage, the accidents are confined to the skin, or mucous membranes, and are characterised by the fact that the morbid products are incapable of producing the original disease, on inoculation. The symptoms of the third stage rarely occur before the seventh month, and are incapable of being transmitted by hereditary disposition: this is their characteristic mark.

M. Ricord considers the mercurial treatment to be more frequently injurious than useful in the first stage. On the contrary, mercury is absolutely necessary in the second stage.

Where the tertiary symptoms alone exist, M. Ricord has generally recourse to the ioduret of potassium. He begins with doses of ten grains in the following manner:—

Distilled water, 3 ℥;
Ioduret of potassium, 10 grs.;
Syrup of poppies, 1 ℥.

This potion is taken in three doses, during the day, with sarsaparilla, the quantity of the ioduret gradually increased every five days, until the patient takes 100 grains a day.

Whenever secondary symptoms coexist with the tertiary, M. Ricord administers the proto-ioduret of mercury in the dose of a grain, gradually increased to six grains.

New Treatment of Cancer.[3]—M. Jobert has endeavoured to check the progress of this terrible malady, by tying all the vessels and dividing all the nerves which are distributed to the affected part. His efforts, however, have not been crowned with success.

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[1] Dublin Journal, and Lond. Med. Gaz., April 10, 1840, p. 128.

[2] Abridged from L'Experience, No. 141; and London Lancet, April 11, 1840, p. 112.

[3] L'Experience, l. c.; and Lond. Lancet, April 11, 1840, p. 112.

In four cases of cancer of the lip M. Jobert tied the facial and coronary vessels, and divided the branches of the fifth nerve, which pass to the lip. The ligature of the vessels caused some improvement in the appearance of the ulcers, and on dividing the nerves the pain was removed; but in all cases he was compelled to extirpate the disease, at last.

Peculiar Intestinal Concretion.[1]—Dr. Bright exhibited an intestinal concretion or calculus, chiefly remarkable from its being composed simply of phosphate of lime, surrounding a neucleus of fæces. The patient from whom it was taken was under the care of Mr. Stone, and was six years of age. The symptoms presented were those usually observed in fæcal abscess; there was a swelling on the right side of the abdomen, attended by gradual emaciation, and there was a discharge of pus and mucus, occasionally, from the bowels. In addition, however, to these symptoms, there was a discharge of puriform fluid from the bladder. The child died in twelve weeks after the first attendance of Mr. Stone. On examination, great suppuration was found at the caput coli, in which were two calculi; the one exhibited, which was about the size of a pigeon's egg, and another about half the size. From the composition of the calculi, it was at first suspected that they were formed in the kidney, and had escaped by ulceration through the right ureter; careful examination, however, proved this opinion to be erroneous. The calculi were formed of successive layers of phosphate of lime; the nucleus was a small portion of fæces. In another instance, under the care of the same practitioner, a number of calculi, of the same composition, had passed away from the rectum with the fæces.

Mr. Alcock remarked, that the phosphate of lime calculus was usually the result of chronic irritation of the mucous membrane of the bladder. Might not the intestinal irritation account for the formation of the bodies in the case under discussion?

Mr. Erasmus Wilson had in his possession a portion of a colon in which there were a number of pouches containing calculi, probably composed of the phosphate of lime.

Statistics of Insanity in France.[2]—During the last eight years 1045 insane patients were received into the Lyons' Hospital. Of these, 503 were males, and 542 females. The various causes of insanity, amongst the patients, were as follows:—

Females, 542.—*Physical.*—Hereditary disposition, 56; drunkenness and debauchery, 43; puerperal accidents, 45; disordered menstruation, 25; venereal disease, or mercury, 5; retrocession of cutaneous affections, 23; onanism, 17; injuries of the head, 3; solitary confinement (*isolation*), 6.

Moral.—Domestic afflictions, 65; poverty, 47; loss of fortune, 31; love and jealousy, 33; fright, 8; religion, 29; politics, 11.

Males, 503.—*Physical.*—Hereditary disposition, 62; drunkenness, 54; apoplexy, 25; onanism, 21; syphilis, or mercury, 5; injuries of the head, 6; solitary confinement, 9; retrocession of cutaneous diseases, 14.

Moral.—Domestic trouble, 65; poverty, 56; loss of fortune, 36; politics, 16; jealousy, 14; religion, 12; fright, 6; excessive study, 8.

Of the 542 females, 114 were discharged perfectly cured; 91 were withdrawn by their friends, improved; 162 died; 175 remained in hospital on the 1st of June, 1839.

Of the 503 males, 149 were cured; 61 withdrawn; 158 died; and 135 remained in hospital. Hence the proportion of cures for the females, was 1 in 5; and for the males, something more than 1 in 5.

[1] London Pathological Society, in Lancet, March 28, 1840, p. 26.

[2] Gaz. Med., No. 11, 1840, and London Lancet, March 28, 1840, p. 27.

Midwifery Practice.[1]—The following is a summary of the labours which occurred in the practice of Janson the elder, of Ghent, during forty-one years, from Jan. 1, 1797, to Dec. 31, 1837. Thirteen thousand three hundred and sixty-five women bore 13,439 children, of which 6,611 were boys, and 6,828 girls; out of 157 cases of twins, in 38 they were both boys, in 62 both girls, and in 39 one of each sex; eight twins were born dead; there was one case of triplets, all girls; 859 were natural children. Three hundred and forty-one labours required the forceps, and 484 preternatural labours were terminated by the hand. In 150 the foot presented, in 30 the hand, in 97 the breech, in 20 the breech had descended into the smaller cavity of the pelvis; 2 breech presentations required the application of instruments. In 15 cases the face presented; in two face presentations the forceps was required. In 86 cases the funis presented, and 46 of these children were delivered alive by turning; 38 died through the compression of the funis; and 6 were delivered alive by the forceps, in cases where the funis preceded the head. Seven times the placenta was upon the os uteri. Perforation was performed five times; once the symphysis pubis was divided, and a cure took place; once both mother and child died suddenly, the child being thrown into the abdomen by a spontaneous laceration of the uterus. Superfœtation occurred twice; one child was at its full time, the other three months old. Convulsions and sudden death occurred thrice, and serious hemorrhage before delivery four times. It is to be remarked that M. Janson practised for 15 years before 1797, without keeping notes.

Mammary Abscess mistaken for Scirrhus.[2]—The best surgeons, it must be confessed, are sometimes mistaken in the diagnosis of disease. The following is an example:—

C. C., 28 years of age, not married, perceived, about two months ago, a tumour in the left breast. She consulted M. Roux, who advised her to enter the Hotel-Dieu. M. Roux examined the breast on several occasions: there was no apparent knottiness or fluctuation; the colour of the skin was normal; nevertheless M. Roux determined on operating for supposed scirrhus. Two semielliptical incisions, about four to five inches in length, embraced the greater part of the mamma, and the surgeon was about to extirpate the gland, when an accidental touch of the scalpel near the lowest point of the tumour, gave issue to an immense quantity of pus. The operation was, of course, suspended, and simple dressings were applied. The patient soon recovered.

BOOKS RECEIVED.

From the Author.—An Essay on the means of improving medical education and elevating medical character. By Andrew Boardman, M. D., (Presented to the Faculty of Geneva College, January, 1840.) Extracted from the Eclectic Journal of Medicine, for April, 1840. 8vo. pp. 23. Philadelphia, 1840.

From the Society.—Transactions of the Medical Society of the State of New York, Vol. iv. P. 3. 8vo. pp. 290. Albany, 1840.

From the same.—Report of a Committee of the Medical Society of the State of New York on the subject of Medical Education. 8vo. p. 23. Albany, 1840.

From Dr. Warrington.—Twenty-third Annual Report on the state of the Asylum for the Relief of Persons deprived of the use of their reason. 8vo. pp. 24. Philadelphia, 1840.

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[1] Bull. de la Soc. de Méd. de Gand and Schmidt's Jahrbücher, and Lond. Med. Gaz., March 6, 1840, p. 893.

[2] French Lancet, No. 10, 1840, and Lond. Lancet, March 21, 1840, p. 968.

THE

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For the American Medical Intelligencer.

ART. I.—CASE OF RADICAL CURE OF UMBILICAL HERNIA.

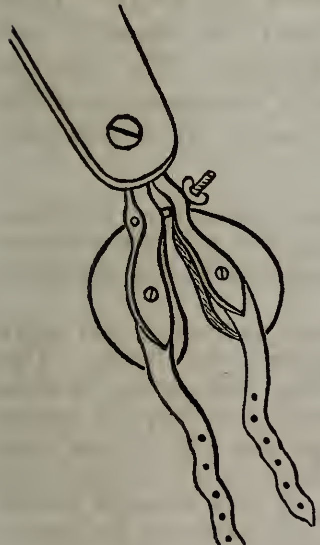
BY W. B. DODSON, M. D., OF LOUISVILLE, KY.

Louisville, April 4, 1840.

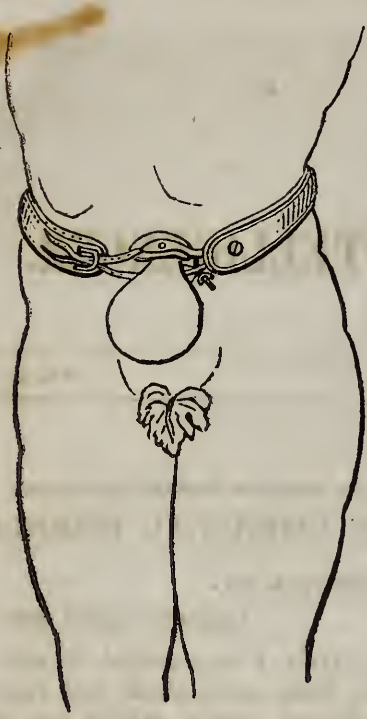
By the advice of my very worthy friend Dr. Galt, I was called to see a small coloured boy, belonging to D. Strother, Esq., aged about two years and eight months, affected with congenital umbilical hernia, which was reduced without any particular difficulty, but reappeared, as soon as he assumed the erect position, to its full extent. He was healthy, and remarkably large and active for that age. The pain and distress about the umbilicus gradually augmented as the protrusion became larger.

The sac or external tumour was three and a half inches in length and about three inches wide, or across from side to side, formed of the integuments around the umbilicus by the constant protrusion of the intestine, and propulsion of the abdominal viscera.

The umbilical arteries were plainly and distinctly felt beating on each side of the neck of the sac, which was about one and a quarter inch in width (from side to side) and three quarters of an inch thick (vertically). Not having such an instrument as was desired, I applied a more common one, with the inferior third of the block cut away—supporting the sac with an appropriate bandage—8th, saw the patient and adjusted the instrument—16th, the sac contracted, thickened, and more firm—made some alteration in the instrument and re-applied it.



From this time until the 21st of June, I saw him frequently, and he appeared to be doing as well as I could have expected with the kind of instrument then in use. At the last named date I applied a newly constructed truss which fitted well, the blocks were made to grasp the neck of the sac with considerable firmness, so as in part to arrest the circulation. On the 22d, I found a sufficient degree of irritation developed to require a less degree of pressure. July 1st, adjusted the instrument owing to a slight superficial ulcer—3rd, doing well—about this time the patient was sent into the country for four or five weeks, during which time the instrument became misplaced, and on his return to the city I found a slight protrusion of



the hernia on the right and inferior edge of the ring, probably as large as the end of my index finger. I re-adjusted the instrument, from which time the patient went on doing well, and the ring very speedily closed up. I saw him at intervals, but nothing of importance occurred until the 28th of November, when I was sent for to see the patient, as he had fallen from a fence and misplaced the instrument, which caused a small ulcer on the superior part of the neck of the sac. Upon a thorough examination, the cure was found to be perfect—I then determined to remove the remains of the sac with the knife, which I did the following day (29th), in presence of Drs. McDowell and Wilson, of the Louisville Medical Hospital. Dressing simple—December 1st, dressed the wound, which looked well—2d, doing well—4th, do.—8th, nearly healed—14th, perfectly well. The use of a muslin bandage will be continued for several weeks. He was a favourite boy, consequently his crying and screaming most inordinately, during the application of the dressings, could not be controlled, which thoroughly tested the strength of the parts.

Art. II.—REPORT OF THE MINORITY OF THE SELECT COMMITTEE OF THE ASSEMBLY OF THE STATE OF NEW YORK, ON THOMSONIANISM.

[In the following report—which we are grieved to say proceeded from a *minority* of a select committee of the Assembly of the State of New York—made on May the 12th, 1840, there is Pickwickian humour, with much good sense and fair argument. Mr. Clarke, we understand, is a lawyer. How much it is to be regretted, that all his fellow members in the assembly, and the community in general, are not equally well informed. The report is interesting in another respect. It contains, within it, an exposition of the *principles* of the Thomsonians from the pen of one of their own oracles.—Ed.]

Mr. C. E. Clarke, from the minority of the select committee to which were referred the numerous petitions asking a change of the law towards certain practitioners in medicine, known as Thomsonian practitioners, reports:

That the petitions are very numerous, perhaps more so than on any other subject which has occupied the attention of the present legislature. The rolls of petitions, and the list of names, are amazing: amounting to more than 36,000. On examining them, however, it appears that they are not the growth, produce and manufacture of any one single year, but of ten long years—the same length of time that was occupied in the siege of Troy—the tithe of a century. On inspection of these antiquated rolls, some of which bear that smoky and venerable appearance which characterizes the manuscripts which are excavated from the ruins of Herculaneum, the committee discover the names of many who have long since departed—left the warm precincts of celestial day, and who, by the act of their departure, have given another melancholy proof that man is mortal; and that though his life may be sweetened and his days prolonged by that ministering angel, the physician, that to man there is an appointed time, even though he may have full faith and confidence in the infallibility of the doctor of his choice.

The committee are the friends of petition in its most enlarged sense; but they think that there should be some limit even to this right; and that as all temporal rights and privileges close with life, it seems that a good stopping place should be the grave, the more especially, as in the grave there is neither knowledge nor device.

In this enterprising, stirring, speculating, go-ahead country, changes of location and changes of opinion are of every day occurrence; and it is by no means to be inferred, that because an individual signed a petition ten years since, that he is in favour of the principles of that petition now. This fact is illustrated in the petitions now under consideration. In 1830, a law existed which imposed a fine of twenty-five dollars on every person who should, without being authorized by law, practise physic or surgery; and no person was authorized by law to practise physic or surgery, till he had arrived at the age of twenty-one years; and until he should have pursued the study of physic and surgery four years with some physician and surgeon authorized by law to practise as such, and had been duly examined by and received a diploma from the censors appointed by law to take such examination.

At the instance and request of those styling themselves Thomsonian doctors, and those friendly to them, this law was so far modified, as not to prohibit *any* person from administering to the sick, any roots, barks, or herbs, the produce of the United States.

There is still a further provision, that any person not authorized by law to practise physic and surgery, shall be incapable of recovering by suit, any debt arising for such practice. The essence of the law is this: any person, whether young or old, male or female, in short, any being who can be distinguished by the name of "*person,*" may practise as a physician and administer to the sick, roots, barks, or herbs, the growth of the United States; but he shall not, unless authorized by law to practise as a physician and surgeon, be allowed to sue for and recover at law, for such services. But if any person, not an authorized physician, shall administer to the sick any roots or herbs, or barks *not* the growth of the United States, or any other medicines, he shall not be allowed to collect pay for the same, and shall be subject to a fine of twenty-five dollars.

He who should as a physician administer a portion of sulphur, or salts, or magnesia, or Peruvian bark, aloes, gum arabic, or myrrh, or camphor, or opium, medicines of well known properties, and of most salutary effect, cannot collect pay for his services, and is subject to a fine of twenty-five dollars. While he who shall administer lobelia, or tobacco, or red pepper, or any other poisonous root, herb, or bark, is exempt from any such fine, provided the poison grew in the United States.

It is not the object or intention of the minority of the committee to criticise this law, though they cannot discover any reason why it should not be as safe and proper, and lawful to administer salts and sulphur, or camphor, or gum arabic, or Peruvian bark, as the meats of the peach stone, red pepper, or lobelia. The committee only refer to the fact to show that so far from dealing harshly towards this class of physicians, the legislature has actually strained a point in their favour, and have treated the person who uses the medicines which have been in use a thousand years, as though he was a dangerous man, and his medicines exclusively to be guarded against.

Of the 36,000 petitioners, whose names have been this winter presented to the legislature, 12,418 pray for the repeal of the law which subjected to a fine of twenty-five dollars, any person who should practise as a physician without being authorized by law. The committee take leave to say that so far as this class of physicians is concerned, this law has been repealed many years since. This class of physicians and their peculiar medicines, have been exempted from the operation of a law which they stigmatise as severe, against natural rights, inhuman and unconstitutional, while those who presume to practise as physicians without a license, with myrrh, aloes, salts, camphor, and Peruvian bark, are still subjected to this same "inhuman" and unconstitutional law, and submit without murmur or complaint.

It appears to the minority of the committee, that the law thus far, so far from being partial against the Thomsonians, is very partial in their favour, and that if any persons have occasion to complain of "monopoly" and "severity" of law, it is those who have been prevented from using, as physicians, those medicines which have been known as salutary for thousands of years.

The committee further report that it is idle, to say the least, to overwhelm the legislature with petitions for the redress of a grievance which has long since been redressed, to petition the legislature for the repeal of a law which has long since been repealed.

Of the remaining petitions 6,476 pray for the repeal of that portion of the law which prohibits any person, practising as a physician or surgeon, without being licensed, from collecting pay for his services.

This law is equal and impartial; it extends to all. The legal qualifications required in order to enable a physician to collect pay are the same to all; the Thomsonian may, if he chooses, become licensed just as easily as any other, and being thus licensed, has full liberty to practise in his own peculiar way and with his own peculiar medicines, and to recover by law for his services.

It must always be borne in mind that this class of physicians are not prohibited from using their own peculiar medicines and practising in their own way, and that if they will study the prescribed length of time and in the manner prescribed by law, they have full liberty to receive whatever compensation the person administered to sees proper to pay; and that this is greater liberty than is granted to any other unlicensed physician. The question then is simply this: Shall the law give to any person, no matter who or what, the power of the law to enforce the payment of a claim for medical services? No fact is better established than this, that diseases become less dangerous, far less deadly, as we become acquainted with their nature and cause. It would seem that to become acquainted with the nature and cause of disease, an intimate knowledge of anatomy and physiology was absolutely necessary; and that to administer successfully, to their age and experience, the knowledge of the nature and power of medicines was equally necessary; and this would imply a knowledge of materia medica and chemistry.

The committee had progressed thus far in the investigation, and discovering that there was a great diversity of opinion amongst the petitioners, and that while about 6,000 prayed for unrestricted liberty, 17,000 prayed for restrictions, took some pains to ascertain what was the nature and extent of the restrictions for which the 17,000 petitioners prayed, and for that purpose they gave notice to Dr. John Thomson of this city, through whose means most of the petitions were presented to this house, and who is the son of the founder of this system of practice.

It was ascertained that there is a medical society in this state known as the New York State Medical Thomsonian Botanical Society; that Dr. John Thomson, of the city of Albany, is its president. This gentleman furnished the committee with his views in writing upon this interesting subject, which cannot, perhaps, be better expressed than in his own words, which the committee take leave to present.

It seems that the learned president of the N. Y. S. M. T. B. S., is *himself* of opinion that one year's study is necessary in order to qualify a physician; and that he should be of mature age, and should be examined by

Thomsonian censors, and should have a diploma from the said society, as evidence of such qualification, before he was admitted to practise or collect pay.

This he explains is the meaning of the 17,000 petitioners who have signed the following petition.

" *To the Honourable Legislature of the State of New York, in Senate and Assembly convened:*

" We whose names are hereunto subscribed, being citizens of the county of Orleans and state of New York, most respectfully beg leave to state to your honourable body, that there exists in this state a numerous and respectable class of medical men, called ' Thomsonian Physicians,' whose theory and system of medical practice differs so essentially from the legally established medical practice, that the existing medical laws of this state, instead of encouraging and protecting them in their efforts to improve and simplify the healing art, tend materially to embarrass and paralyze their exertions, by depriving them of legal aid in collecting their dues.

"We therefore pray your honourable body, during your *present session*, to enact a law, which shall enable this class of physicians to collect pay for services rendered in attending the sick; especially those who are, or may hereafter, become members of the Thomsonian Medical Society of the state of New York, and have received, or may hereafter receive, diplomas therefrom."

The committee at this point encountered a disagreement amongst doctors—and the duty seemed to devolve upon them of solving a difficulty which was embalmed in an adage a thousand years ago—" when doctors disagree who shall decide."

According to modern political parlance, here are 6000 petitioners asking for the " *largest liberty*," and 17,000 with the learned Dr. Thomson at their head asking for restriction—monopoly. This great discrepancy of opinion strikingly illustrates a well known principle in human nature.

Our good ancestors, the Puritans, took much merit to themselves, for crossing the wide ocean, bidding their native land good night, and taking up their abode in voluntary banishment, that they might enjoy religious liberty; but they had no sooner got here than they showed that though Puritans, they were still men, and thought that true genuine religious freedom consisted in every man being subjected to the same rules, belief, faith, and practice as the Puritans; and when a few plain Quakers appeared amongst them, they were banished by these lovers of religious freedom, for opinion's sake.

Here are the same men who ten years ago, only wanted the liberty of administering to the sick without being subjected to a fine. Next, they want that the law should sanction their practice by enabling them to collect their debts by law. Now they say and pray that no one should be permitted to collect debts except they have studied a year and received a diploma from the N. Y. S. T. B. M. S.

Behold—" the advocates of the *largest liberty*"—of inherent rights—of alleged constitutional liberty—have become the open and avowed advocates of restriction—of monopoly.

With the intention of ascertaining whether it would be for the health of the people of this state to encourage by legal enactments a new system of medical practice, the committee took some pains to ascertain the principles upon which the Thomsonian theory was based, and were informed that a fundamental principle was this; that all disease consisted in *obstruction*, that obstruction produced irritation—irritation, suppuration, and suppuration, death.

That the first object was to remove obstruction—the second to allay irritation—the third to prevent suppuration, and that failing in this, death must ensue.

Q. Who are those whom you wish should have lawful authority to collect their debts? A. Those only who have studied and practised in company with a member of this society one year, and have undergone an examination before the board of censors, and received a diploma as evidence thereof.

Q. What books do you and your pupils study? A. Thomsonian Guide to Health, by Sam. Thomson; Hearsey's Midwifery; Rafinesque's and Barton's and Bigelow's Botany; the Thomsonian Recorder, a semi-weekly medical paper, published at Columbus, Ohio, and Botanic Sentinel, Philadelphia.

Q. Do you think the study of anatomy or physiology of the least use to a Thomsonian doctor? A. We do not, nor do we recommend the studies. We do not consider ourselves as surgeons, and those studies are useful only to them.'

Q. Are the Thomsonian doctors midwives? A. We are midwives, and the most successful of any in the country.

Q. Do you ever, in any case, bleed? A. Never, in any possible case.

Q. What stimulant do you use? A. Our chief stimulants are cayenne pepper, lobelia and aromatic herbs; no alcohol, no wine, no opium, no ether.

Q. Do you use any things as medicines, except vegetables? A. No; we consider all other medicines poisonous, whether they be elementary or natural or artificial compounds; every metal or compound of a metal. This extends to all mineral waters, no matter how popular; we consider them all deleterious, and of course poisonous. One of our apothegms is, that the metals and minerals are in the earth, and being extracted from the depths of the earth, have a tendency to carry all down into the earth, or, in other words, the grave, who use them. That the tendency of all vegetables is to spring up from the earth. Their tendency is upwards; their tendency is to invigorate and fructify, and uphold mankind from the grave.

Q. In what light do you view, and in what estimation do you hold those who, having little experience, and under your father's patent, have a right to practise as a Thomsonian doctor? Do you view them qualified or not; skilful or not? A. We do not consider them fit, as general practitioners; they have merely the right to compound their own medicines, and practise in their own families; and have no right or business to practise on the community; they are not presumed to be acquainted with disease or medicine, and should not be tolerated to practise, or to collect their pay for their services; community is in danger from these unskilful practitioners. There are thousands of this stamp all over the United States. If these men ever acquire experience and skill, it is by practising upon community and at its expense.

" *To the Hon. Messrs. Farrington, Clarke, and Wheaton, to whom were referred the petitions of the Thomsonian Botanic Physicians of the state of New York.*

Gentlemen, you have propounded to me the following questions, to be answered in writing, viz:

' [How does this accord with the celebrated resolutions passed by the Thomsonian Medical Society of the state of New York, in June last, when flushed with the honour of the permission granted them by Dr. March to visit the Albany Medical College, they resolved, " that as it is in the opinion of this society necessary to raise the standard of medical education among Thomsonian physicians, we recommend the students of the Thomsonian School to acquire a more thorough knowledge of anatomy, physiology, surgery, and chemistry. See Intelligencer, for July 1, 1839, p. 112.—Ed.]

Firstly. What reason does Doct. Thomson give for asking that the right to collect pay by law, should be confined to those who shall hereafter become members of the New York State Thomsonian Botanic Medical Society?

Secondly. Does he want that society to be incorporated, and if so, under whose direction and superintendence shall it be?

Thirdly. Who shall prescribe the course and length of study for students?

Fourthly. What principles do you practise on?

Fifthly. What books do you study?

Sixthly. How long a time?

Seventhly. What studies are those which the old practitioners pursue which you deem useless?

In the first place, why is here a system of medicine springing into existence so opposite to the principles of the long established and popular systems of the present age? I answer, that it was by the failure of this old established system of medicine to restore those to health whom we are accustomed to cherish above all other earthly objects; that the human mind was led to wander into the wide regions of philosophy, unguided by any human theory except reason and common sense. My father had been much subject to sickness in his family, and was anxious to have the best medical attendance in his vicinity; he actually employed the best physician within several miles to remove and locate himself upon his farm, and while the doctor was yet a resident upon his farm and within the space of a few years, five different members of his family had been pronounced as incurable by this same physician, and when the patient had been thus abandoned, my father was first stimulated to try what he could do to alleviate or mitigate the sufferings of the patient, and happily succeeded in restoring every individual to health; now, says my father, if this long established system of medicine fails to restore the different members of my family, and I then take hold and do for them what was expected from those who professed superior skill, is not my treatment the best. From that time forward, which is now near fifty years, he has never employed a regular physician to the knowledge of the writer. The neighbours who were called together to assist at his house, as is usual in country neighbourhoods in time of sickness, and more especially when the patient was supposed to be dangerously ill, were led to observe the least change that took place with the patient, and observing the happy effects of my father's nursing upon the members of his own family, became the first messengers to herald the Thomsonian system of medicine to the world. In the course of time many of the relatives or friends of those kind neighbors were stricken down by the hand of disease, and the physicians being employed as usual, as the best judges of remedies for the sick, as in the case of my father's family, in many instances gave the patient over as incurable. The human mind being now upon the rack for any thing that would in the least mitigate the pains of the sufferer, it would be remarked, why not send for Samuel Thomson, and have him nurse the patient as he does those of his own family. This course was usually adopted, and I have no knowledge of his ever losing a patient in his own neighbourhood.

Thus his plan of nursing was adopted by the near neighbours, and from them it went from house to house, from town to town, and from state to state, until it is now more or less known in every state in the Union; and the advocates or friends to the system are computed by the celebrated Doct. Benj. Waterhouse to amount to upwards of 3,000,000. It was by their philosophical experiments and the happy results attendant upon the same, that first led my father to exclaim, in the language of the poet, surely the "*greatest study of mankind is man.*"

Having been thus successful in his nursing, he was led to inquire upon what principle the animal functions were brought into action, and by what principle they ceased to act. The practical operations of his medicines were narrowly investigated; and a reason for the specific operation of each medicine upon the system was required. My father at last settled down in the belief that the human system was a species of animal machine, subject to the action of the elements, and when deranged, was to be put in order by a judicious temperament of the same elements by a skilful repairer, whose duty it is to know, *particularly*, the principle by which the machine is deranged; and, understanding the deficiency, may know how to restore the absent principle in all cases where the principle of life is not so far gone as not to have sufficient to build to, or the machine so far decayed as to be beyond restoration. For example; the fœtus, before it comes into existence, is formed by nature with all those little intricacies of machinery that are designed for usefulness in life, viz: the organs of respiration, digestion, the nervous and arterial systems, &c. &c. But in its present state, the mother's breath, food, and beverage, and other support, is that of the child. Its birth changes the scene; the child then acts for itself: it changes a temperature of about 102 degrees of Fahrenheit for one of about 65 to 80. The moment this low temperature strikes the surface, the outward warmth is slacked or reduced; the atmospheric pressure being very near 16 lbs. weight upon the square inch, presses in upon the organs of respiration and the lungs are at once inflated: the temperature being so much greater upon the lungs, (say 102 degrees,) than upon the surface (from 65 to 80,) that the warmth of the lungs immediately rarifies the air to near the temperature of the blood; by which means it becomes so light and expanded that the 16lbs. upon the square inch of the surface pressure will not admit of its continuance longer upon the lungs; and the air, from the buoyancy it has acquired from the warmth, seeks an equilibrium by rising above, in consequence of the heavy external pressure upon the region of the chest upwards, which crowds it out, and with it, the first sound of the voice is a cry. This is the first movement of the machine in producing sound, which, by cultivation, is made to express every passion and want that the body may require: and a judicious practitioner of medicine is its repairer; and to keep it in active operation until it wears out, and in old age every wheel having borne its proportion of labour, it voluntarily falls to pieces.

This frail bark was thrown into life, and he that modelled it, pronounced it perfect: therefore, he does not design that we should take any part away, any more than that we should add to it; as we can do the one in a philosophical point of view, as well as the other. The physician, as the repairer, has no more to do than to remove the clogs and obstructions that retard the motion of the gearing, without removing any part of the machinery; for if you take out any part of this complicated machine it is never as perfect afterwards; and you obstruct, to a certain degree, the whole work, the same as any artificial machine; for instance; a clock or steam engine. The child, if healthy, continues to grow: his arms, legs, body and face are plump and full: we see no indications of old age, such as wrinkles or loss of flesh: he comes up to youth, to manhood, or the meridian of life, which is from 25 to 35 years of age: the members of his body may now be said to have acquired their full vigour. It may now be truly said of the man, as of fruit, he is ripe. He turns the point of life from the zenith and begins to wear or decay. You will hear him remark, I cannot do quite as much as I could once: my food does not appear to afford that substantial support it did once: my rest is deficient: my nerves have become tremulous: wrinkles are fast gathering in my face and hands: my limbs fall away; and why is all this decay? The man does not know: he says, I am growing old; but that does not answer the question. The fact is, the first part that gives away is, the organs of digestion by which the whole fabric is supported; these organs have become first blunted, and are not capable of extracting the same quantity of nourishment from a given quantity of food as before the man had attained the meridian of life, or before the fruit became ripe.

Well, under this state of things, something must be done to keep up vital energy. It will be remembered that while the man was coming to maturity he was laying up in store, strength of blood, size of muscle and bone, and a good store of flesh—the fuel of life. If his appetite should fail, you know the man would not die until all his flesh was nearly gone, and he a mere skeleton; for in proportion as the appetite fails, nature calls upon the stock of flesh already in store, which was laid up in early life to support the body in the decline of life, the same as a man who is ambitious in youth to lay up a sufficient competency for the income to support him; but if the income fails to give him a good and sufficient support, he must make drafts upon the principal, light or heavy, as the circumstances of the case may require.

It is precisely the same with the human system. You will perceive an old gentleman far advanced in life, if he has not injured his constitution in his younger days by taking medicine, or lost any of the vigorous properties of the first stock of his blood, by taking a part of it away or weakening the same by injuring the digestion, through which the blood receives its support, by animal or vegetable poisons, he will run gradually down. As the digestive powers fail, the drafts upon the flesh are more urgent and heavy, and it is not unfrequent that we see the person at the advanced age of seventy, eighty, ninety, and even one hundred years of age, while apparently in his usual health, die sitting in his chair, or in the field, or in the midst of his avocation, the fuel of life having become completely exhausted, or the lamp of life being drained to the very bottom, and the light has become extinct for the want of oil, or nature having completely exhausted from her storehouse the means necessary to sustain life. Such a machine we consider has been under the management of a judicious repairer, engineer, or physician if you please; has been brought to maturity by judicious management; has nurtured a vigorous constitution, and by prudent management has laid aside for future use, a suitable quantity of the material to sustain and prolong life after the person has passed the meridian to its last moments.

Thus you will perceive that the Thomsonians, by understanding the above theory, and practising upon the same principles, are treating the system philosophically. As our theory was formed from our practice, and our remedies are in harmony with life; as they will assist nature in her most depressed situations, or when there is a sufficient spark left to build to, and the remedies will not prove detrimental if given by the practitioner whose judgment has been matured and regulated by a scale established by extensive experience and observations by the bedside of the sick, no other standard can be depended upon.

It may be said, why not let any person, who feels so disposed, try the same kind of experiments as my father did, and run the risk of establishing a theory for himself; to which I reply, has every person, or one in ten millions if you please, the same capacity of mind for inquiry as my father had? if so, is it probable he would have the same chance to bring his unpolished judgment in contact with the regular physician, and have them balanced in the true scale of practical utility? After all, where is the uncultivated mind sufficiently strong to buffet the rough torrent of popular prejudice, and maintain principles directly at war with the long established practices of the day, and work out, as it were, from the rough, a system so philosophical as to be capable of being brought home to the understanding of every mind of moderate capacity, without at once adverting to the old system of practice as a guiding star, as was the case of Samuel Thomson, who proved every principle of his theory by his practice as he progressed, and is ever ready to assign a philosophical reason for every principle advanced.

You now see the Thomsonian system of practice, as patented by my father, used by millions of the inhabitants of these United States, and it must be expected that whenever a system of medicine has been discovered, or any new theory been brought to bear so extensively upon the welfare of community, it will be liable to abuse, and must eventually become subject to legislative regulation. By some, the Thomsonian system of medicine has been made a matter of speculation, by which there has been much complaint by the people. Those who have been the greatest cause of these complaints, were those who have failed in other pursuits in life, such as *mercantile*, *mechanical*, or *commercial*, and casting about for an avocation by which to obtain a sure livelihood with the least trouble and expense, and have adopted the Thomsonian system as the one best calculated to bring about so desirable an object. It is against this class of practitioners the community wish to be protected. Such individuals commence their practice from reading, not having had any previous knowledge practically with the experienced practitioner.

My father's patent-right extends only to the purchaser, and his family right; it does not contemplate that a person who has purchased the right to compound and vend the Thomsonian medicine is also entitled to set himself up as a practitioner, without first obtaining a knowledge of the principles and practice with some person who is well qualified to instruct practically. Now if there is a law compelling the students to comply with the terms of the *New York State Thomsonian Botanic Society* before they shall be able to collect pay by law, it will be a stimulus for the student to prepare himself to be legally allowed to practise. From those persons who have only purchased a family right, the correct practitioner suffers much wrong from the hands of community, who invariably class them together; while the one has an extensive practical knowledge and a good understanding of his theory, the other has only a slight knowledge of the theory by reading only, without any practice.

Secondly. All that is required by the New York State Thomsonian Society is, that those who wish to practise shall not be able to collect pay by law, until they have subscribed to the rules and regulations of the society in every particular.

Thirdly. The state society in general convention shall adopt such course of studies as they shall think proper.

Fourthly. The text books are, Thomson's Guide to Health, Hearsey's Midwifery, Rafinesque's Botany, Thomsonian Recorder, and several other works.

Fifthly. One year to be devoted in study and practice, with a competent practitioner.

Sixthly. You ask what studies are those which the old practitioners pursue which you deem useless?

We deem nearly the whole of the theory and practice of medicine as fallacious; and not to be depended upon; as the medicines are what we consider, and what are generally termed poisons, or articles that are detrimental to health and life. The same articles are used to restore the sick to health that a well person would take to destroy life, if he wished to commit suicide. Now, we can never subscribe to the doctrine that what will kill in the hands of an assassin or suicide, will prove a balm to heal the sick and restore consolation to the afflicted, because the hands are changed that administer the article.

Our medicines are calculated to assist nature and comfort the sick in their affliction, and lift up as it were with a helping hand such as are infirm; to ease pain and quiet the excitability of the system, and bring the body back to the state, as near as possible, of healthy action, and will do no harm if it does no good.

The regular practice makes sick or reduces the patient, and makes him much worse than when first taken; and after it has operated, by a violent effort of nature to throw it off, if the constitution is strong enough to bear the shock of the medicine together with the disease, both will be thrown off together. The medicine is then stopped to give the patient a chance to gain; but if the constitution is not strong enough to throw off the medicine, it is sufficient to take life of itself. We see opium used frequently to take life, also to cure the sick; also mercury for the same purposes. The knife is used to take the lifeblood of animals, to sustain life. The lance is used to save the life of the sick—to restore that same principle that the knife is used to take away.

Under these considerations, we think the materia medica useless to the Thomsonian practitioner, as they take away what we wish to restore. The Thomsonian system of medicine is, thank God, founded on no such system of philosophy."

The committee, it is well known, are not physicians, and of course cannot be expected to combat this theory. They must be pardoned, however, for not giving their assent to a theory, the proof of which could only be obtained by long experience and close observation of every variety of disease, and by the performance of the nicest and most scrutinizing anatomical inspections, operations and dissections.

This class of physicians scout anatomy, as to them a useless science; they do not bleed, because the lancet is steel and the assassin's knife is steel, and you must not say they use that tool to cure, which may be used to kill. By a parity of reasoning, a boil, or an abscess, or a bloodblister, must not be opened, because the tool by which the operation is performed is composed of the same material as a deadly weapon. How can the man who has only looked on the surface of a human being, tell what is the cause of disease? What obstruction can he discover?

Is lock-jaw, or tic doloureux, or gout, or rheumatism, or the toothach, occasioned by obstruction? if so, what obstruction? It is an internal obstruction, if obstruction at all; and as dissections are unknown and anatomy useless, the theory must be founded on mere guess work, and according to all philosophic rules, is entitled to no credit.

(*To be concluded in the next number.*)

BIBLIOGRAPHICAL NOTICES.

Transactions of the Medical Society of New York.[1]

This part of the transactions comprises, 1. the conclusion of the statistics of the Medical Colleges of the United States, by Dr. T. Romeyn Beck; 2. the annual address on improvements in medicine, by Dr. Laurens Hull; 3. report of a committee of the society on the subject of medical education; 4. Prize dissertation on diseases of the spinal column, by Dr. Nathan S. Davis; 5. Address before the Chenango county Medical Society, by Dr. Wm. D. Purple; and 6. case of sudden death from rupture of the spermatic veins, by Dr. James McNaughton.

The appendix contains an abstract of the proceedings of the society at its annual session, February, 1840, and a list of officers of the county medical societies.

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[1] Transactions of the Medical Society of the state of New York, Vol. iv., Part 3. 8vo. pp. 190. Albany, 1840.

Philadelphia Hospital.

(Concluded from page 59.)

Summary of Cases treated in the Women's Hospital, Blockley, from January 1st, 1839, to January 1st, 1840.

WOMEN'S MEDICAL WARDS.

Diagnosis.	Under 20	20 to 30	30 to 40	40 to 50	50 to 60	60 to 70	70 to 80	80 to 90	Cured.	Relieved.	Disch'd.	Died.	Rem'ng.
Amenorrhœa, ...	0	1	2	0	0	0	0	0	3	0	3	0	0
Apoplexy, ...	0	0	0	0	0	0	0	0	0	0	0	0	0
Ascites, ...	0	2	3	4	1	1	0	0	0	4	4	6	2
Asthma, ...	0	0	1	1	1	1	0	0	0	2	2	0	2
Anæmia, ...	0	1	0	0	0	0	0	0	1	0	1	0	0
Arachnitis, . . .	0	0	1	1	0	0	0	0	1	0	1	0	1
Bronchitis, . . .	0	3	4	2	1	0	0	0	7	0	7	0	3
Constipation, . . .	0	2	1	2	2	0	0	0	7	0	7	0	0
Carditis, ...	0	0	1	0	1	0	0	0	1	0	1	0	1
Catarrh, ...	0	1	1	0	1	0	0	0	2	0	2	0	1
Carcinoma Uteri, . .	0	0	1	0	0	0	0	0	1	0	1	0	0
Chorea, ...	1	0	0	0	0	0	0	0	1	0	1	0	0
Cholera Morbus, . .	0	1	1	1	0	1	0	0	4	0	4	0	0
Dothinenteritis, . .	0	1	1	0	0	0	0	0	1	0	1	0	1
Dyspepsia, . . .	0	3	2	1	0	0	0	0	5	0	5	0	1
Dysmenorrhœa, . .	1	0	1	1	0	0	0	0	2	0	2	0	1
Dysentery, . . .	0	2	4	3	2	1	2	1	10	0	10	3	2
Diarrhœa, ...	0	5	5	5	2	1	0	0	12	0	12	6	0
Epilepsy, ...	0	0	2	0	0	0	0	0	0	1	1	0	1
Fever, Intermittent, . .	0	6	13	4	3	4	0	0	25	2	27	0	3
" Remittent, . .	0	1	2	1	2	1	0	0	5	0	5	0	2
" Typhus, . . .	0	2	3	3	1	0	0	0	3	0	3	5	1
Gastritis, ...	2	3	3	1	2	0	0	0	5	3	8	0	3
Gangrene of Lungs, . .	0	1	1	0	0	0	0	0	0	0	0	1	1
Hypertrophy of Heart, .	1	0	2	1	1	0	0	0	0	2	2	1	2
Hysteria, ...	0	0	0	1	0	1	0	0	1	0	1	0	1
Hæmatemesis, . . .	0	0	1	0	0	0	0	0	1	0	1	0	0
Hemiplegia, . . .	0	0	1	0	0	0	0	0	0	1	1	0	0
Hæmoptysis, . . .	0	0	1	0	0	0	0	0	1	0	1	0	0
Hyperæsthesia. . . .	0	0	1	0	0	0	0	0	0	1	1	0	0
Jaundice, ...	0	1	1	0	0	0	0	0	0	0	0	1	0
Laryngitis, . . .	0	1	2	0	1	0	0	0	2	0	2	0	2
Leucorrhœa, . . .	0	1	1	0	0	0	0	0	2	0	2	0	0
Menorrhagia, . . .	0	0	1	1	1	0	0	0	1	0	1	0	2
Meningitis, . . .	0	2	0	0	0	0	0	0	2	0	2	0	0
Nephritis, ...	0	1	1	0	0	0	0	0	0	0	0	0	2
Neuralgia, . . .	0	5	2	3	2	3	0	0	13	0	13	0	2
Oligæmia, ...	1	0	1	0	0	0	0	0	1	0	1	1	0
Puerperal Hysteria, . .	1	0	0	0	0	0	0	0	1	0	1	0	0
Pericarditis, . . .	0	0	0	1	1	1	0	0	1	0	1	0	2
Pneumonia, . . .	0	1	2	3	2	0	0	0	5	0	5	0	3
Pleuritis, ...	0	5	3	2	1	2	0	0	10	0	10	0	2
Phthisis Pulmonalis, . .	3	10	14	8	5	1	1	0	0	15	15	21	6
Paraplegia, . . .	0	0	1	1	1	0	0	0	1	0	1	2	0
Paralysis, ...	0	2	1	0	0	0	0	0	0	2	2	1	0
Purpura, ...	0	0	1	0	0	0	0	0	0	1	1	0	0
Procidentia Uteri, . .	0	1	0	0	0	0	0	0	1	0	1	0	0
Rheumatism, . . .	0	6	10	18	5	2	2	0	31	3	34	0	10
Ramollissement du Cerveau,	0	0	0	0	0	0	1	0	0	0	0	1	2
									170	37	207	49	60

WOMEN'S SURGICAL WARDS.

	Under 20	20 to 30	30 to 40	40 to 50	50 to 60	60 to 70	Cured.	Relieved.	Disch'd.	Died.	Rem'ng.
Amputation,	0	1	1	0	0	0	2	0	2	0	0
Abscess,	0	1	2	2	0	0	3	2	5	0	0
Amaurosis,	0	0	1	1	1	0	1	1	2	0	1
Anthrax,	1	0	0	0	0	0	0	1	1	0	0
Bubo,	1	1	2	1	0	0	3	0	3	0	2
Burns,	1	6	5	1	0	0	7	0	7	0	6
Cataract,	0	0	1	2	1	1	1	4	5	0	0
Chancre,	5	3	2	2	0	0	9	0	9	0	3
Caries of Bone,	0	1	2	1	1	0	0	2	2	1	2
Contusions,	1	6	6	4	3	0	17	0	17	0	3
Cancer of Rectum,	0	1	0	1	0	0	0	1	1	0	1
Carbuncle,	0	0	0	0	1	0	0	1	1	0	0
Coxalgia,	0	1	0	1	0	0	0	1	1	0	1
Condylomata,	0	0	0	0	0	0	0	0	0	0	0
Conjunctivitis,	0	0	2	2	1	0	3	0	3	0	2
Concussion of Spine,	1	0	1	0	0	0	2	0	2	0	0
Dislocations,	1	1	1	0	0	0	0	2	2	0	1
Disease of Spine,	0	1	1	0	0	0	0	2	2	0	0
Erysipelas,	0	1	1	1	0	0	3	0	3	0	0
Fungus Hæmatodes,	0	0	0	0	1	0	0	1	1	0	0
Fistula in Ano,	0	0	1	0	0	0	0	1	1	0	0
Fractures,	0	2	3	1	0	0	4	0	4	0	2
Fracture of Spine,	1	1	1	0	0	0	0	1	1	2	0
“ Clavicle,	0	2	1	0	0	0	2	1	3	0	0
Gangrene of Leg,	0	0	1	0	0	0	0	0	0	1	0
Gonorrhœa,	17	18	14	2	0	0	43	0	43	0	8
Hypopyon,	0	0	1	0	0	0	0	1	1	0	0
Hernia,	0	0	0	1	1	0	0	2	2	0	0
Hemorrhoids,	0	1	1	2	0	0	3	0	3	0	1
Indurated Labia,	0	1	0	1	0	0	0	1	1	0	1
Iritis,	0	0	2	2	0	0	3	0	3	0	1
Inflammation of Knee,	0	0	1	0	0	0	1	0	1	0	0
Incised wounds,	1	2	2	1	0	0	4	0	4	0	2
Lacerated wounds,	0	2	1	2	1	0	5	0	5	0	1
Lumbago,	0	1	1	0	1	0	3	0	3	0	0
Nebula Oculorum,	0	0	0	1	0	0	1	0	1	0	0
Neuralgia,	0	1	1	1	1	0	3	0	3	0	1
Ophthalmia,	0	0	2	0	0	0	1	1	2	0	0
Opacity of Cornea,	0	0	1	0	1	0	0	2	2	0	0
Pernio,	0	1	0	1	0	0	0	2	2	0	0
Psora,	1	2	0	0	0	0	2	0	2	1	0
Prolapsus Uteri,	0	1	1	1	0	0	0	2	2	0	1
Poisoning of Arm,	0	1	0	1	0	0	2	0	2	0	0
Retention of Urine,	0	0	1	2	0	0	2	0	2	0	1
Recto-Vaginal Fistula,	1	0	1	0	0	0	0	1	1	0	1
Scrofulosis,	1	1	4	2	0	0	0	5	6	1	1
Sprains,	1	3	5	1	0	0	9	0	9	0	1
Syphilis, Hereditary,	2	0	0	0	0	0	0	1	1	0	1
“ Primary,	5	10	5	2	4	0	23	0	23	0	3
“ Secondary,	6	17	2	5	2	0	25	7	32	6	4
Syhilitic Iritis,	0	2	0	0	0	0	2	0	2	0	0
“ Rheumatism,	0	3	0	2	0	0	5	0	5	0	0
“ Ulcers,	1	6	5	0	0	0	9	0	9	0	3
“ “ of Leg,	1	12	4	2	1	0	17	1	18	0	2
Ulcer of Cornea,	0	0	1	1	0	0	0	2	2	0	0
Vesico-Vaginal Fistula,	0	1	0	0	0	0	0	0	0	0	1
							220	49	269	12	58

Total number for the year admitted in Women's Medical Wards, 316. Of the above 46 were coloured.

Married, 214; Single, 102.

Intemperate, 213; Moderate, 70; Temperate, 33.

Total number for the year admitted to Women's Surgical Wards, 339. Of the above 48 were coloured.

Married, 136; Single, 203.

Intemperate, 215; Moderate, 71; Temperate, 53.

Summary of Cases treated in the Men's and Women's Lunatic Asylum, Blockley, from January 1st, 1839, to January 1st, 1840.

	MEN'S LUNATIC ASYLUM.											WOMEN'S LUNATIC ASYLUM.										
Diagnosis.	Under 20	20 to 30	30 to 40	40 to 50	50 to 60	60 to 70	Cured.	Relieved.	Disch'd.	Died.	Rem'ng.	Under 20	20 to 30	30 to 40	40 to 50	50 to 60	70 to 80	Cured.	Relieved.	Disch'd.	Died.	Rem'ng.
Arachnitis, ...	0	0	0	2	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
Apoplexia, ...	0	0	0	2	1	0	1	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0
Acute Meningitis, . .	0	0	1	2	0	0	1	1	2	1	0	0	0	0	0	0	0	0	0	0	0	0
Chronic Meningitis, . .	0	0	1	2	2	0	0	3	3	1	1	0	1	0	1	0	0	1	0	1	1	0
Compression of Brain, .	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0
Cerebritis, ...	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Dementia, ...	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	1	1	0
Delirium Tremens, 1st stage,	0	25	26	25	11	4	90	0	90	0	1	1	13	16	8	1	1	40	0	40	0	0
" " 2nd "	2	20	21	21	9	3	76	0	76	0	2	3	3	4	1	1	0	12	0	12	0	0
" " 3rd "	0	5	10	8	7	1	25	0	25	6	0	0	5	5	4	1	0	13	0	13	2	0
Epilepsy, ...	0	1	1	1	1	0	0	2	2	0	2	0	0	1	0	0	0	0	0	0	0	1
Hysteria, ...	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	1	0	1
Intoxication, . . .	3	10	18	12	3	2	48	0	48	0	0	2	6	5	1	1	0	12	0	12	0	3
Idiocy, ...	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0
Insanity, Acute, . .	0	5	8	6	5	2	15	5	20	3	3	2	7	2	0	0	0	7	4	11	0	0
" Chronic, . .	0	2	2	1	0	0	1	3	4	0	2	0	10	12	3	2	0	6	12	18	0	9
" Moral, . . .	0	0	1	1	0	0	1	0	1	0	1	0	5	3	0	0	0	2	4	6	0	2
" Periodical, . .	0	0	0	0	1	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
" Hereditary, . .	0	0	0	1	1	0	0	1	1	0	1	0	1	1	0	0	0	0	2	2	0	0
Monomania, . . .	0	1	2	2	1	0	0	3	3	0	3	0	0	0	0	0	0	0	0	0	0	0
Melancholia, . . .	0	1	0	3	2	1	1	4	5	0	2	0	1	2	1	0	0	0	3	3	0	1
							260	23	283	14	19							92	28	120	6	17

MISCELLANEOUS NOTICES.

Medical College of Philadelphia.—In conformity with provisions of the charter of Incorporation of the Medical College of Philadelphia, the following officers have been duly elected:—

President.—Thomas H. Hewson, M. D.
Vice Presidents.—Thomas Harris, M. D., Charles D. Meigs, M. D.
Treasurer.—Henry Bond, M. D.
Corresponding Secretary.—John Bell, M. D.
Curator.—Joseph Brookfield, M. D.
Recording Secretary.—Joseph Warrington, M. D.
Board of Examiners.—For one year.—Jacob Randolph, M. D., Charles D. Meigs, M. D.
For two years.—D. F. Condie, M. D., Robt. Bridges, M. D.
For three years.—Reynell Coates, M. D., Caspar W. Pennock, M. D.

Poisoning with Colchicum.—A Quack Aurist.[1]—The following case is interesting in a twofold manner; it affords an example of poisoning by colchicum, and illustrates the recklessness with which quack pretenders to medicine sacrifice human life to their selfish ends:—

A wine merchant, 50 years of age, of strong constitution, had been long subject to deafness. By chance the prospectus of a quack aurist was placed in his hands, in which prospectus a prompt and certain cure of his infirmity was promised. He immediately repaired to the aurist's, who prescribed a potion containing colchicum, and some other, but less active, drugs.

M—— took of the potion, as he had been directed, a spoonful every half hour, and soon felt its effects; the suffering produced was extreme, but the aurist, when informed, said that it would soon pass away. Under this assurance, the unfortunate man continued to drink the potion, to the last drop, and then fell into the most alarming state. A physician was now consulted, but before any remedy could be administered, the man was dead. He had taken, in three days, more than half an ounce of colchicum root.

The living Skeleton.[2]—From a notice of the sittings of the Royal Society of Medicine, of Bordeaux, published in Froriep's Notizen, October, 1839, it appears that the man, Ambrose Claude Saurat, who, some of our readers may remember, was exhibited in this country about 15 years since, is still a living skeleton. He has lately been carefully examined by the Royal Society at Bordeaux. From their description of him it appears, that except in a partial loss of the use of his extremities, his condition has not materially changed. He can still breathe freely, and has no particular pain about the chest. He digests well, and never has diarrhœa, though he is sometimes constipated. His appetite is tolerably good, but he eats little, and adopts a very regular regimen. He prefers the flesh of young animals, and avoids pickled meat, wine, and spirits. His daily consumption of food is only 12 ounces.

Saurat's intellectual faculties are still good: but his memory has decreased for many years. His sexual appetite is still undeveloped, and he has never had any intercourse with women. He enjoys quietude, and has no cares or mental suffering. He often has singular dreams; in which he hears music, and thinks he is actively exerting himself. He sweats profusely at night, and especially after drinking cold lemonade. He cannot bear a dull heavy atmosphere; but the climate of Italy exactly suited him.

The deformity of his hands and feet (and he can now neither walk nor stand), was preceded by dragging pains in his extremities, which commenced 10 or 12 years ago. The power of moving them was gradually lost; but he had no pain in the head or back, nor any remarkable pain in the abdomen.

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[1] Journal de Chimie, December, 1839, and London Lancet, April 4, 1840, p. 62.
[2] Lond. Med. Gaz, April 24, 1840, p. 207.

After Saurat had been examined, and had given the account of himself, from which the above is abstracted, in a very clear manner, his abnormal condition was more accurately inquired into.

His head is a little turned towards the right side: his eyes have a quiet dull expression; his complexion is pale and fixed; the left side of the face is thinner than the right; the mouth is large, and the right corner of it is remarkably drawn downwards.

His chest has a deep depression on the median line; the ribs, and especially those on the left side, are very much curved; the antero-posterior diameter of the chest is about 4 inches; the spine is very much curved to the left side, but the curvature alters according to the mode in which the trunk is supported. Percussion detects a fuller sound on the right than on the left side; and there is a slight dulness on the left side behind. With the stethoscope, the respiratory murmur can scarcely be heard on the anterior and right side of the chest; but on the left one hears even with the unassisted ear a distinct rubbing sound. The respiration is chiefly effected by the abdominal muscles, for the ribs scarcely move. He inspires 24 times in the minute; his radial artery beats from 80 to 84 times in the same period.

His abdomen presents nothing peculiar; it is yielding and tolerably normal in its developement and form.

In the genital organs, nothing marked is to be observed.

The extremities are incredibly emaciated, especially the hips, thighs, shoulders, and upper arms. His hands and feet are curved and swollen; the fingers are hook-like and almost immovable.

Saurat has got together a respectable property, and has a small estate in the district of Mans, where he takes care to pass the winter.

NECROLOGY.

Mr. Copland Hutchison.—This gentleman, who had furnished many valuable contributions to surgical science, died recently at Plymouth, England. He was the author of a letter on the operation for popliteal aneurism, London, 1811. Practical observations in Surgery, London, 1816. Practical cases in Surgery; particularly as regards the naval and military service, London, 1826; and also of various communications in the Medico-chirurgical Transactions.

BOOKS RECEIVED.

From the Author.—Notice of the Daguerreotype. By William E. A. Aikin, M. D., Professor of Chemistry and Pharmacy in the University of Maryland. 8vo. pp. 16. Six wood engravings (from Maryland Med. and Surg. Journal, Vol. i. No. 2.) Baltimore, 1840.

From the Author.—Philosophy of Mind, developing new sources of ideas, designating their distinctive classes, and simplifying the faculties and operations of the whole mind. By John Stearns, M. D., of the city of New York. 8vo. pp. 25. New York, 1840.

THE

AMERICAN MEDICAL INTELLIGENCER.

Vol. IV. **June 15, 1840.** **No. 6.**

ART. I.—REPORT OF THE MINORITY OF THE SELECT COMMITTEE OF THE ASSEMBLY OF THE STATE OF NEW YORK, ON THOMSONIANISM.

(*Concluded from page* 75.)

Another of the leading principles of this class of physicians is, that the human body is composed of four elements, earth, air, fire and water. Now, as this class of physicians never dissect a human body, and are not chemists, how can they inform us of its component parts? If we wish to ascertain the component parts of any material thing, we submit it to the chemist; we analyze it, resolve it into its elementary principles. This theory was not arrived at in any such way; but to use the words of the founder of this system, he arrived at it by the "mature consideration."

Methinks, that if the qualities of a newly discovered ore were to be ascertained, its elements discovered and its value made known, the process would be something besides consideration. Were consideration the test of component parts and value, there would probably be as many opinions as men.

In this very instance, unfortunately for the theory, and the "mature consideration" on which it is founded, the very things called elements are falsely so called; earth, air, fire, or water, are not elements. The heat produced by combustion, may perhaps be denominated an element, but who does not know that earth, air, and water are compounds? who is it that presumes to speak of elements and of compounds, unless a chemist himself, or adopting the opinions of chemists.

It will not be denied, that it is the duty of government to protect, by laws aptly fitted to the case, the people against the impositions which any trade, craft, occupation or profession may practise upon them. Custom or statute, or both, have established certain rates or toll for the miller. We test, by certain standards, the weights and measures which are in use; we establish the weight of a given measure of grain; we exact a license from the pedlar, auctioneer, and dealer in liquors; we establish an inspection over the productions of the butcher, the fisherman, the tanner, the lumberman, and the miller, to protect community against imposition, interposing the skill of the inspector as a shield for the ignorant. This we do in the arts.

In the sciences we have laws for the protection of the people against pettifogging. In the ecclesiastical world, the state, out of regard for perfect religious freedom and perfect toleration in all matters of faith, abstains from intermeddling; but even here, the different societies of Christians, one and all, have their laws, as certain and as effectual too, as to the moral and literary qualifications of their spiritual guides. In medicine, too, the law has prescribed the moral character, the term of study, the examination and the age of the practitioner.

Are all these laws founded in folly? Are they deserving of being stigmatized as monopolies; as interfering tyrannically and unnecessarily with common rights and constitutional privileges?

In whose behalf is it that we are called on to deviate from a course practised and sanctioned by the wisdom of ages? Who are they, who talk so much of inherent rights and constitutional privileges, and of monopoly, and of the ignorance and unskilfulness of others? They are men who claim to practise under a *patent*, who have the exclusive right to compound, vend and administer certain medicines; their existence is predicated on monopoly and exclusive chartered privileges.

Who are they who stigmatize others with the mystery thrown around their science; of their learned technical terms; terms known and understood alone by the medical world; and from their uniformity, affording a wonderful facility for the dissemination of learning, terms, of necessity, learned but always descriptive, and founded on a common language? Terms which any man may learn and understand, if he will just take the trouble to open the dictionary, and no patent lock interposed. They are men who practise under a patent, granting exclusive privileges; and who give the names of No. 1 and 2, as words to their medicines. Are numbers, digits, Arabic figures, more descriptive of the nature, power and properties of medicines, than the most abstruse word used in materia medica?

"Physician heal thyself," was never more appropriately applied, than in this case. Render simple and plain your own vocabulary; call your medicines by plain English names, and then criticise, ad libitum, the mystery or pedantry of others.

The committee, with the view of discovering whether there was any thing real in the objection to the use of mineral medicines; whether the principle laid down by this class of physicians, that all metals and minerals, in their state of purity, and all compounds of them, whether natural or artificial, were poisonous, took some pains to ascertain into what substances metals and minerals entered and formed an essential component part, and found that there was scarcely an article of food or medicine but was composed in part of a metal or mineral. That the healthiest human being is composed, in part, of metallic and mineral substances. The colour of the blood is occasioned by a compound of iron it contains; the bones are a mineral substance, and these component parts are as necessary as any other which enter into the system.

Salt itself, so necessary to the enjoyment of life and the promotion of health, is a mineral, and has for its base a metal; one of these *poisonous* metals. The body of man being composed in part of both metals and minerals, it would seem that a constant supply of these materials in some form was necessary to the developement, and sustenance, and health of the animal system. The committee cannot come to the conclusion that metals or minerals, or their compounds are, as a general rule, poisonous: on the contrary, that both in sickness and in health, they are necessary to our existence.

The fancy, that because the metallic and mineral kingdom is in the ground, and the dead body of a man is deposited in the ground, and that the former has an affinity for the latter, and therefore has a tendency to drag down the body to the grave, is hardly worthy of comment. Water lies as deep in the ground as the metal; its tendency is as essentially downwards. Rum has no such downward tendency. Rum does not exist in the ground; the tendency of rum is upwards. If the theory were correct, the conclusion would seem to follow that water is poisonous and rum is healthy.

This class of physicians use roots, and their tendency is downwards. The committee have also taken some pains to examine the vegetables which this class of physicians use, and behold, there is not one but is composed, in part, both of metals and minerals. This is true of the whole animal and vegetable kingdom. Out of a great number of analytical experiments performed by Sir Humphrey Davy, the committee take leave to select the following: 100 parts [of the ashes] of wheat flour contain 43 parts of soluble salts, 13 of phosphates and carbonates, ½ a part of metal, 32 parts of silica; so that [the ashes of] the material out of which our daily bread, the "staff of life" is made, is composed .98½ of these poisonous metals and minerals which have such a tendency to drag down men to the grave.

The [ashes of] Indian corn, the native grain, and of which above all others, the American is proud, and of which the poet Barlow said, that half the bones of New-England's sons are made, is composed of .78 of metallic and mineral substances.

It would be a waste of time, to show the component parts of different vegetables. It is sufficient to say, that there is not a single vegetable in the world of plants which is not composed, in part, of metallic and mineral substances. Even the red pepper, which is the great stimulant used by this order of physicians, is found on analysis, to contain ten per cent. of metallic matter. The lobelia inflata is not more fortunate. This plant, vulgarly called Indian tobacco, and which occupies so high a rank in the materia medica of this class of physics, is thus described by Barton. It will be borne in mind, that Barton's Medical Botany is one of the few books which this class of physicians claim that it is useful to read. "Lobelia inflata," says Barton, "is decidedly one of the most active of our native vegetables. It might, perhaps, be said with truth, that the United States does not yield a plant of more powerful and unequivocal operation on the human system; and since poisons are, generally, under judicious use, good medicines, the Indian tobacco seems to have an undoubted claim to a place in the materia medica; it is possessed of an emetic, sudorific and powerful expectorant effect. Not only horses and cattle have been supposed to be killed by eating it, but a remarkable instance of its deleterious effects on the human system is related in the report of a trial for murder, of a notorious empiric, in Massachusetts, who caused lobelia to be used to a pernicious extent as a nostrum. This daring and ignorant man (Samuel Thomson, by name,) is said to have usually prescribed it, and frequently with impunity, in the dose of a common teaspoonful of the powdered seeds or leaves, and often repeated. If the medicine does not puke or evacuate powerfully, it frequently destroys the patient, and sometimes in five or six hours."

How this author, who calls lobelia a poison, and the founder of this system of medicine a notorious empiric, and a daring and ignorant quack, should have found favour with his son, the president of the N. Y. S. M. T. B. S. who has so high a regard for his father as to think his equal is not to be found amongst 10,000,000 of men, seems inconsistent with a knowledge of the author. The committee have come to the conclusion that Barton's Medical Botany might, perhaps, have been read, as bills are in this house, by its title only.

The committee, with the view of showing that the sciences of anatomy, physiology, and chemistry, were useful to be studied by the practitioner of medicine, take leave to express an opinion, that disease consists in a change, either of structure or function, in the human system, and that the object of the physician is to bring the system back to its original healthy condition. Now anatomy teaches that the body consists of a great variety of tissues, and that the progress of disease in each is different. This is proved by an examination and comparison of symptoms, and it is the union of a certain number of symptoms which constitutes a particular disease.

It has been ascertained by long practice and experience, that certain medicines or remedies have removed such disease. If such medicines occasionally prove ineffectual, an examination of the dead body will show that such disease had advanced too far before the application of the remedy to be arrested by it.

A moment's reflection will satisfy all that the progress of medical knowledge, the science of treating disease with skill, must, of necessity, be slow, and owing to the complex nature of the human body, to a certain extent, imperfect.

But if any truth has been established by the experience of ages, it would seem to be this, that there is a variety of disease, and that it cannot be successfully treated by a single class of medicines. A necessary inference from this is, that the physician needs all the light which can be derived from the study of the human system, when in a state of health. Taking this view of the subject, the committee come to the conclusion that an intimate knowledge of anatomy and physiology is absolutely necessary to the physician.

Chemistry teaches the nature and properties of all material bodies; of course of the nature of all medicines. Can it be doubted then that this science which teaches the nature, and the power of medicine is useful and necessary to a physician. As well might the mechanic doubt the utility of understanding the power and use of the tools of his trade, as the physician doubt the necessity of knowing the component parts, the nature and strength of the medicines he uses.

Had this class of physicians been chemists, they would not have levelled their sweeping denunciation on all metals and minerals, and compounds thereof, for that science would have taught them that every medicine which is prescribed by them contains both these substances.

One of the greatest discoveries which crowned the labour and research and learning of the medical world, is the discovery of the theory of the circulation of the blood, by Harvey. This great man, after going through the preparatory studies at the grammar school, studied five years in the University of Cambridge. As a traveller he performed the tour of Europe, and desirous of accomplishing himself as a physician, he pursued his studies some years in the medical school of Padua, then one of the most celebrated in Europe, and there he took his degree as Doctor of Medicine, in 1602. He afterwards became a fellow of the College of Physicians in London, and a professor of anatomy and surgery in that college, and in 1616 first disclosed his great discovery of the theory of the circulation of the blood. Harvey was at that time 38 years of age, and his whole life had been devoted to the cause of science, and the greater part of it to that particular science in which his great discovery was made.

Jenner, that great benefactor of mankind, who disarmed a disease more deadly than the plague of all its terrors, was the son of an English clergyman, received a most excellent classical education, and studied medicine the usual length of time with a country practitioner; not content with the education thus obtained, better probably than that usually allowed, he went to London to attend the hospitals there, and became a private pupil for two years of the celebrated John Hunter, a name dear to every medical student. He cultivated natural history with great ardour and success, and was, in the opinion of Hunter, the first scholar in Europe in the science of human and comparative anatomy.

The tendency of this last science was the discovery, which immortalized his name, and which has saved, and which will continue to save, to youth its beauty, and has prolonged, and will continue to prolong the lives of millions. This great discovery engaged the attention of Jenner for more than twenty years; and an acquaintance with his experiments would convince all that the occasional failure of vaccination was owing to a neglect of the rules which he prescribed.

The names and short biographical sketches of these great men are introduced merely to authorize the inquiry, whether these discoveries ever would have been made, by and with the aid of such an education as the Thomsonian physicians think is all sufficient. Science is always progressive, and it requires very little of the virtue of humility to say and believe that it is yet in its infancy. Sir Isaac Newton, the great, the intellectual, the almost pure intelligence, the connecting link between men and angels, if such a thought may be indulged, said, when speaking of his great learning, his wonderful discoveries, that he considered himself but a child, amusing himself by picking up shells on the shore of the great ocean of science.

This is a world of humbugs; and with all our keen-sightedness, adroitness, skill and ingenuity in all we undertake, we are, perhaps, the most easily humbuged of any nation in the world, and in nothing is this alacrity to be deceived more fully manifested than in the eternal, never ending, still beginning, doctoring still and still destroying patent medicines: perhaps one-fourth of the advertising patronage of a country newspaper consists in puffing patent medicines, and this great tariff is levied on credulity afflicted with disease. If there were truth in the advertisements of a single paper, attested to by the learned, the wise and the pious, there is not a disease to which poor humanity is heir, but what is susceptible of speedy relief and ultimate cure. It is the duty of a wise government to study the character and propensities of the people for whom it makes laws; and if it is forced so to shape the law as to correct fallacy and vice. Whether the legislature of this state, when it gave to a German quack $1,000 to disclose a pretended specific for the bite of a mad dog, was guided by that wisdom which checks imprudence, restrains credulity in its race of folly; or whether it gave countenance to our innate gullibility and love of the marvellous, the committee do not pretend to decide. One of the prominent weaknesses of man is the love of the marvellous. When, superadded to this, the fear of death operates upon a mind, enfeebled by disease, and upon the minds of friends full of apprehension and anxiety, we are apt to repose confidence in worthless objects; and to use the most ridiculous and hazardous means which ignorance may prescribe or impudence administer. The Leyden phial, the touch of the king or the seventh daughter for scrofula, the patent tractors, the philosopher's stone and animal magnetism, have each in their turn occupied the attention and preyed upon the powers and credulity of mankind; and one folly seems to give way only to make room for another; and the committee are of opinion that no legislation should be indulged, which is calculated to encourage the love of the marvellous, to encourage credulity, or to countenance those who practise upon these infirmities in our nature.

The committee are of opinion that the very foundation of all this theory which is sought to be upheld by law, is founded in ignorance and error; and that it would only set at nought most of those lights which are necessary to guide the physician in the intricate path which he is obliged to travel.

That to say that a man ignorant of anatomy, of physiology, of pathology, of chemistry, of materia medica, may be safely trusted to administer to the human system, which is so fearfully and wonderfully made, would be saying more than to say, that he who never saw the inside of a watch, was fit to repair the most valuable timepiece.

That to give legislative countenance in such case would be to encourage gullibility and credulity; to advocate the cause of quackery in the case of medical science; to set at nought all those rules of plain common sense, which in other matters usually govern mankind.

Art. II.—CASE OF FUNGUS HÆMATODES.

BY DAVID HUTCHISON, M. D.

Pleasant View, Shelby county, Ia., May 7th, 1840.

Dear Sir,—Being a subscriber, and a constant reader of your valuable periodical, I take the liberty of sending you the following case: should you deem it worthy of a place in the Intelligencer, you will confer a favour, by inserting, with it, your opinion, whether it was or was not fungus hæmatodes, and if not, what it was? As I can find nothing of a precisely similar nature described in any of the books.

Yours respectfully,

David Hutchison.

Robley Dunglison, M. D.

W. H. ætat. 48, of the scrofulous diathesis, consulted me about two years ago, respecting a tumour situated on the left side of the thorax at the junction of the third and fourth ribs with their cartilages. He stated that he had always enjoyed a reasonable share of good health, and that he first discovered the commencement of the tumour nearly six years previously, and according to his own description, a portion of the skin, about the size of a twelve and a half cent piece, became of a purple florid colour, without either pain or soreness, and continued in this state two years, when he perceived the part enlarging gradually, so that in the space of two years more, it attained the size of a hickory nut. It was hard to the touch, without pain or soreness, the skin covering it was of a purple colour. He solicited me to remove it with the scalpel, which I accordingly did, and healed the wound by the first intention. The tumour when removed appeared to be very vascular, and when pressed between the fingers, there exuded a fatty substance. His health remained good, but in a few months the tumour was reproduced, precisely in the same place and of the same appearance. He now submitted to the advice of a female empiric, and had it removed by caustics. In a few months it was again reproduced in the same place, and continued to enlarge, until January, 1840. His general health having become very much impaired, he called me to visit him January 4th. He had a sallow cadaveric appearance; pulse rather quick, but compressible, tongue moist, but a yellowish coat on the dorsum, pain and stiffness in the loins. The tumour was somewhat larger than a hickory nut, the skin over it was of a dark purple colour, hard to the touch, no soreness, and little fibrous branches could be felt diverging from it under the adjacent skin, and below the axilla of the left side, in a space the size of a man's hand; there were thirteen tumours (of the same appearance) varying from the size of a garden bean, to that of a hickory nut. In the axilla of the same side, there was a tumour the size of a hen's egg, and there bulged out from the surface of it a soft spongy substance about the size of a marble; immediately under this tumour, one of the axillary glands was enlarged to the size of a walnut, which produced pressure on the axillary vessels, and caused tumefaction of the extremity of the affected side, and the whole left side of the thorax was in patches of a florid, purple colour, and under the discoloured spots tumours could be felt varying from the size of small shot to that of garden peas, also some small tumours had appeared on the shoulder and arm of the affected side, and the whole of the side was somewhat œdematous.

I prescribed hydrarg. mass. 6 grs. every other evening, to correct the hepatic secretion. Frictions with the vol. linim. to the loins, as there was no tenderness over any of the spinous processes, and the tumours to be brushed over with tinct. iodini of the usual strength night and morning, and gave him twenty drops of tinct. iodini twice a day.

I visited him once a week to watch the effects of the iodine on the tumours; they appeared to subside very considerably for a time, but his health was declining so rapidly, that interference with the local disease appeared unnecessary; emaciation proceeded rapidly, respiration was performed entirely by the right lobes of the lungs, and his appetite had almost gone, so that tonics and stimulants appeared to be all that was necessary to sustain the animal powers as long as possible. He continued to sink gradually, and died on the 28th February, being comatose 36 hours before death. There exuded from the tumour in the axilla a sanious fluid of an offensive fetor a few days before his death.

The bowels were easily regulated during the whole of his confinement, and the various secretions were but slightly deranged.

Post mortem examination not permitted.

If I have given a sufficiently accurate history of the case for you to form an opinion of the disease, I should like to see it in your next number.

Yours, &c. DAVID HUTCHISON, M. D.

To Dr. Dunglison.

ART. III.—CASES ILLUSTRATING THE EFFICACY OF DIVIDING THE INTERNAL RECTUS MUSCLE, FOR THE CURE OF SQUINTING.

BY P. BENNETT LUCAS, ESQ.[1]

CASE I.—April 7, 1840.—Catherine Culbert, aged 60, has had strabismus from the time she was three years old. The right eye is turned deeply towards the inner canthus, so that the outer segment of the circumference of the cornea looks forward. There are two specks of long standing on the cornea.

When the left eye is covered the turned-in one slightly alters its direction, and by an effort the patient can direct it outwards in a sufficient degree to bring into view the entire of the cornea, and a very small portion of the conjunctiva, between it and the inner canthus. She cannot, however, retain the eye longer in this position than a few seconds.

Notwithstanding the very unfavourable condition of the eye of this patient for an operation, the difficulties which offered themselves in reaching the muscle at fault for the purpose of its division, and after its division the question which naturally presented itself, whether an eye for fifty-seven years thus deformed would resume the normal condition it had enjoyed but for three years, I proceeded to the operation, assisted by Dr. Hingeston and Mr. Wardrop, jun. A bandage was placed over the sound eye, so as to exclude the light. The upper eyelid was secured with a speculum, and the lower was depressed with the fingers. By these means the globe of the eye was also sufficiently fixed. Desiring the patient to direct her eye as much outwards as possible, I grasped the small portion of conjunctiva at the inner canthus, which was brought into view, with the square forceps, and divided this membrane from below upwards by means of a small knife, to the extent of about five lines. A partial chemosis almost immediately took place, from the effusion of blood and tears beneath the lips of the incision, which gave them a swollen appearance, and which more or less interfered with the future steps of the operation. I next inserted a double hook into the sclerotic coat, and found so much difficulty in everting the globe of the eye in a sufficient degree to expose the insertion of the internal rectus muscle, that, at the suggestion of Dr. Hingeston, I bent a small common probe (about four lines of the instrument) at an acute angle, and introducing it into the incision of the conjunctiva, I readily passed it underneath the muscle, and fitting it close between its insertion and the sclerotic coat, it was drawn with much ease towards the incision of the conjunctiva, and divided with a bent scissors. This manœuvre with the bent probe answered the purpose of bringing the muscle and globe of the eye so completely under my command that I determined, in the next case which presented itself, to adopt a similar proceeding.

The result of this case was unsatisfactory; it is now the 23rd of April, and no decided improvement has been effected in the strabismus. It is a case, however, which is highly instructive, and fraught with the most satisfactory inferences in regard to the safety of the operation, and the new method of performing it. The woman was aged 60, and had the deformity fifty-seven years; under the most favourable circumstances she could but turn the eye slightly outwards, and it was therefore hardly to be expected that the operation would have been attended with the same happy effects which have followed the other cases in which I have operated.

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[1] London Lancet, May 2, 1840, p. 188.

This case proves the safely with which the operation can be performed under circumstances the most unfavourable; the globe of the eye was not only turned deeply inwards, but from the emaciation of the orbital contents, in common with the other parts of the body, it was also very much sunken, which rendered the operation difficult, notwithstanding I readily reached the muscle with the bent probe. It will be interesting to follow this case, with the view of ascertaining if the muscles, which have now been fifty-seven years accustomed to particular actions, may not eventually bring the eye to its proper position, the inner rectus muscle having been divided.

To this date (April 23) the patient has not complained of a single bad symptom, the healing process having gone on most satisfactorily.

Case II.—April 21, 1840.—Mr. Crossland, aged 21, was born with his eyes straight. At Montreal, when five years of age, he was watching the return of his father from business at a time when a large quantity of snow was on the ground, the glare of light from which he observed to be very offensive, and was instantly seized with strabismus convergens of the left eye. He was quite unconscious of any deformity having occurred, until his friends remarked it to him. He was subjected to various kinds of medical treatment, and wore goggles. The summer following his eye got straight; but when the winter returned, it again became inverted, and has remained so to this date.

Present appearance.—The eye is turned deeply into the inner canthus. When the right eye is covered the patient can turn the affected eye half way outwards; but when both eyes are exposed, it instantaneously resumes its abnormal condition.

Mr. C. has been subject to headachs, reads a great deal, and for the last two years has been living on vegetable diet, for the cure of a cutaneous affection.

In the presence, and with the assistance, of Dr. Carroll, Mr. Toogood Downing, Mr. Wardrop, jun., and Mr. H. Downing, I performed the following operation:—A bandage was applied to the sound eye, to exclude the light, and the patient was seated on a low-backed chair before the window, and his head reclining against Mr. Doering's chest, who also supported the upper eyelid, by means of the wire speculum. Mr. Wardrop, jun., depressed the lower lid. The patient, who possessed great moral strength, everted the turned-in eye to his utmost, and with the greatest facility I introduced a small, fine-pointed hook into the inner conjunctiva, about three lines distance from the cornea, and with a very fine, straight knife I divided this membrane from below upwards, to the extent of half an inch, leaving the hook still attached to the inner segment of the incision. I next separated the divided inner portion of the conjunctiva from the subjacent sclerotic coat by means of a blunt probe, and having introduced between the lips of the incision the bent probe, I parted it underneath the tendon of the internal rectus muscle. The hook was now withdrawn, and the operation was suspended for a moment. I next raised the tendon by means of the bent probe towards the incision of the conjunctiva, so as completely to bring it into view, and with a curved scissors divided it. The eye immediately resumed its natural position. The hemorrhage did not amount to as much as two drops, and the operation was completed in a minute and a half.

Calomel, 2 grs; James's powder, 3 grs. A saline draught in the morning.

22d. The inner conjunctiva is slightly ecchymosed; the eye is perfectly straight. Mr. Crossland had a good night.

24th. Ecchymosis of conjunctiva is disappearing. The state of the patient is most satisfactory.

26th. The patient is in every respect going on well; he suffers no pain in the eye; the inner conjunctiva is still reddened, and a layer of lymph exists in the site of the incision; the redness evidently exists for the purpose of reparation, which is going on beautifully, as the patient was not aware of its existence until he saw it by means of a glass. He goes to business to-morrow.

Case III.—April 27th.—William James Egan, aged 10, was born with his eyes perfectly straight. When he was two years of age he suffered from convulsions, and after a more severe one than usual the strabismus took place.

Present state.—His left eye is turned deeply inwards, with a slight degree of obliquity upwards; its sight is not so powerful as that of the right; there is a slight degree of opacity of the inner circumference of the cornea, and the organ is more sunken than its fellow. With much exertion the patient can evert the eye to the extent of about four lines.

With the assistance of Mr. Downing, Mr. Bailey, Mr. Earles, and Mr. Snow, I performed this operation as follows:—The eyelids were held apart simply by means of the fingers; I seized the inner conjunctiva with a small sharp hook, and divided this membrane from below upwards, with a fine narrow-bladed knife. At the instant of doing this the eye forcibly turned more inwards, which retarded the operation a few moments: keeping the hook still fixed in the inner segment of the divided conjunctiva, I allowed the lids to cover the globe, and a few drops of blood were wiped away by means of a sponge and cold water. Exposing the eye again by simply elevating the upper, and depressing the inner lids with the fingers of two assistants, I readily exposed the incision of the conjunctiva, and having separated the connecting reticular tissue by a blunt probe, as in the other cases; I introduced the blunt hook, and with much facility passed it from below upwards, beneath the inner rectus muscle, and drawing it forwards, I divided its tendon with a curved scissors.

The tendon of the muscle was unusually thick and strong, far different from the appearance which it presented in the other cases; it *grated* beneath the blades of the scissors upon dividing it, which, being accomplished, the eye became instantaneously straight.

The whole operation only occupied two minutes.

In this case the speculum was dispensed with, and the only instruments used were a hook, a knife, a probe, and a scissors.

After the operation a cold bread and water poultice was applied to the eye, a powder, consisting of James's powder and calomel, was given, and the boy was put to bed.

This little patient evinced great strength. I explained to him beforehand the object of the operation, and saw he could assist us by everting his eye as much as possible, and which he did at the time it was most needed.

Remarks.—Were the operation of dividing the muscles of the human eye for the cure of strabismus, attended with danger to the organ of vision, with consequences of even a much less serious nature, the propriety of its performance might justly be regarded as questionable. But when it is considered that no bad consequences have followed this interesting operation—that the patient suffers but little during its performance—and that, in the cases to which it is applicable, the most gratifying success has attended it; its extensive application to the removal of strabismus cannot be too forcibly insisted upon.

As will be observed, on the perusal of the foregoing cases, and of those which have appeared in the Lancet of April 18th, the operation for the cure of strabismus which I have now successfully employed in five cases, differs in many, and I would say essential, particulars from that adopted by Professor Dieffenbach—indeed, when I first attentively considered the detail of the three cases as reported in the "British and Foreign Medical Review," I was struck with the number of hooks which were employed, and the necessity arising therefrom, for many assistants, who, in all operations, but especially in operations upon the eye, too often interfere with each other, and with the operator.

In Professor Dieffenbach's operation, no less than four hooks are employed, and one of these a double one; two for the purpose of keeping the eyelids apart, a third is passed into the conjunctiva, and the fourth, the double one, is fixed into the sclerotica. In none of the cases, with the exception of Catherine Cuthbert's, did I use more than one hook; and in the case of the child, Mary Anne Daly, I used none, having divided the conjunctiva with a knife and forceps. This latter instrument I have since found is not, for many reasons, to be depended upon as much as the hook; it gives more uneasiness to the patient, and is apt to lose its hold of the conjunctiva, which the hook never does until it is intentionally removed.

In deciding upon the best method of performing this operation, many circumstances must be taken into account in regard to the age of the patient; his moral courage; any cause which may disturb the relation of the orbit and its contents, so as to produce a too prominent eye or a too sunken one, as well as the degree of intensity of the strabismus.

In children it requires the greatest exertion to control their struggles. In the child Daly it was as much as two persons could do to steady her trunk and legs, the movements of which retarded the operation materially. On the contrary, in the case of Mr. Crossland, the great firmness he displayed, and the assistance he afforded me by everting his eye to the utmost, at the time I was passing the hook beneath the inner rectus muscle, rendered the operation almost bloodless, and enabled me to complete it in a minute and a half.

I have omitted to mention that I was indebted to the kindness of Mr. F. Kiernan, for the opportunity of operating on the boy Egan.

I have this moment seen the child, Mary Anne Daly; her eyes are perfectly straight, and a slight cicatrix is visible in the site of the operation.

BIBLIOGRAPHICAL NOTICES.

Stearns's Philosophy of Mind.[1]

The author is evidently an anxious inquirer after truth, and spareth no pains in the investigation. The topic, however, is one of intricacy, and requires a further examination than we can give to enable our readers to comprehend it. The whole subject indeed of metaphysics is presumed to be so obscure, that the word "metaphysical" is often employed synonymously with "incomprehensible;"—nor do we think the reader will be disposed to have a much clearer light after having perused the pamphlet before us. He must judge, however, for himself.

The fundamental principles of Dr. Stearns's Theory are professed to be the following:—

"I. Man consists of three entities, Body, Soul and Mind.

II. The ideas of sensation are those carnal ideas which constitute the animal propensities, and which we derive, in common with other animals, from the five senses.

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[1] Philosophy of Mind, developing new sources of Ideas, designating their distinctive classes, and simplifying the Faculties and Operations of the whole mind. By John Stearns, M. D., of the city of New York, late President of the Medical Society of the State. 8vo. pp. 25. New York, 1840.

III. The intellectual, and moral, and religious ideas, which some philosophers ascribe to reflection, and to innate principles, are derived entirely and exclusively from the soul. In the soul is held the high court of chancery, denominated conscience, or the moral sense.

IV. When the soul operates upon the brain, it produces what may be denominated *a moral mind*, endowed with intellectual and religious faculties: and until excited to action by this operation, the faculties of the brain remain perfectly dormant.

V. When the senses operate upon the brain, they produce what may be denominated *sensual mind*, which man possesses in common with the inferior animals, but which is essentially changed and improved by the accession of the soul to the body." p. 9.

Mütter on the Salt Sulphur Springs.[1]

We have frequently drawn attention to Dr. Mütter's successful labours as a skilful surgeon. The pamphlet before us exhibits him in a new sphere —the salt sulphur springs is the subject, and we fear that the very fact of having chosen such a topic has led him, in spite of himself, to too favourable a bias in regard to their virtues, which may hardly bear the test of observation in all cases. If an author commences with a disposition to eulogize—and no one takes up such a subject with a view to disparage—he is apt to be led away in spite of himself far beyond the sober limits within which he ought to be restricted. We have already given, more than once, our opinion of mineral waters in general, and have expressed the belief, that in the large mass of cases to obtain plenary benefit, they must be drunk at the source. Nor has the pamphlet of Dr. Mütter dispelled this belief. We doubt not, that the water in question is energetic in its action on the frame; but in the multitude of nervous and other diseases for which it is advised by Dr. Mütter, we must look to the curative agency of travelling air and exercise, change of society, scenery, social habits, rather than to the water itself. To one, however, who is about to visit the springs in question, we can recommend the pamphlet of Dr. Mütter, as containing much information of great interest to him.

MISCELLANEOUS NOTICES.

Dr. Gross.—Louisville Institute.—This gentleman has been recently appointed Professor of Surgery in the Louisville Medical Institute, on the resignation of Dr. Flint. The appointment we are sure is a judicious one. Dr. Gross has distinguished himself as an enthusiastic promoter of his profession more for its own sake than as a mere means of subsistence, and his recent work on pathological anatomy has exhibited with what success he has prosecuted a difficult and important branch. To that work we have already referred on two occasions; and we have esteemed this a more advisable plan than giving a lengthened notice of it, which neither our limits nor the nature of the work itself would permit. It is indeed impossible in the compass of a couple of pages to give any extract, which can do more than exhibit the entire inadequacy of the attempt to do justice to a work of two large 8vo. volumes. Yet although our limits restricted us to a brief notice, our opinion of the work was strongly and decidedly expressed, and a farther examination of it confirms those favourable sentiments.

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[1] The Salt Sulphur Springs, Monroe county, Va. By Thomas D. Mütter, M. D., Lecturer on Surgery, Corresponding Member of the New York Medical Society, Fellow of the College of Physicians of Philadelphia, Member of the Pathological Society of Philadelphia, &c. &c. 8vo. pp. 32. Philadelphia, 1840.

We are not in the custom of speaking in the language of hyperbole, but we can recommend it as strongly to our readers as any work which has fallen under our critical notice for years.

Annual Report of the Pennsylvania Hospital.—The following is the abstract of cases treated in this valuable charity during the year ending April 25, 1840.

Abstract of the Cases of 1155 *Patients treated in the Pennsylvania Hospital during the official year ending* 4*th month* 25*th*, 1840.

ADMITTED FOR	Cured.	Relieved.	Removed by friends, or at their request.	Discharged for misconduct.	Eloped.	Died.	Remain.	Total.
ACCIDENTAL INJURIES, VIZ.								
Burns,	7	4	0	0	0	8	3	22
Contusions and wounds,	108	12	10	1	0	7	5	143
Dislocations,	9	0	1	0	0	0	2	12
Fractures,	60	9	3	0	0	12	16	100
" Un-united,	2	0	0	0	0	0	0	2
Frosted,	5	3	0	0	0	0	1	9
Gunshot Wounds,	1	1	1	0	0	2	0	5
Poisoned,	1	0	0	0	0	0	0	1
Sprains,	7	1	1	0	0	0	2	11
DISEASES OF THE CHEST AND RESPIRATORY ORGANS.								
Asthma,	0	1	0	0	0	0	0	1
Bronchitis,	4	1	1	0	0	2	1	9
Catarrh,	4	0	0	0	0	0	0	4
Hæmoptysis,	0	1	0	0	0	0	0	1
Laryngitis,	0	0	2	0	0	1	0	3
Phthisis pulmonalis,	0	1	2	0	0	7	0	10
Pleurisy,	5	1	0	0	0	2	0	8
Pleuropneumonia,	4	1	0	0	0	0	1	6
Pneumonia,	8	0	1	0	0	3	2	14
Diseased heart,	2	1	1	0	0	2	1	7
DISEASES OF ABDOMINAL VISCERA.								
Cholera,	1	0	0	0	0	1	0	2
Colic,	1	1	0	0	0	0	0	2
Constipation,	2	0	0	0	0	0	0	2
Diarrhœa,	7	1	0	0	0	0	0	8
Dysentery,	9	1	0	0	0	1	0	11
Dyspepsia,	4	2	0	0	0	0	2	8
Diseased Spleen,	1	0	0	0	0	0	1	2

ADMITTED FOR	Cured.	Relieved,	Removed by friends, or at their request.	Discharged for misconduct.	Eloped.	Died.	Remain.	Total.
Fistula, ...	1	1	1	1	0	0	5	9
Gastritis, ...	3	3	0	0	0	0	1	7
Hernia, ...	0	1	0	0	0	0	0	1
" Strangulated, . .	1	0	0	0	0	1	0	2
Hæmorrhoids, ...	1	0	0	0	0	0	0	1
Hepatitis, ...	3	3	0	0	0	0	0	6
DISEASES OF GENERATIVE AND URINARY ORGANS.								
Diseased Uterus and Vagina,	0	7	3	0	0	0	3	13
" Bladder and Urethra,	3	7	0	0	0	0	1	11
" Testes and Penis, .	4	5	0	0	0	0	0	9
Irregular Catamenia, . .	4	0	0	0	0	0	2	6
Nephritis, ...	0	1	0	0	0	0	0	1
Stone in Bladder, . . .	5	0	0	0	0	0	0	5
Syphilis, ...	48	11	5	0	1	0	7	72
Gonorrhœa, ...	5	0	1	0	0	0	3	6
Bubo, ...	0	0	0	0	0	0	1	1
DISEASES OF BONES, &C.								
Caries and Necrosis, . .	2	1	0	0	0	0	3	6
Diseased Joints, . . .	1	2	1	0	0	1	2	7
" Spine, . . .	0	0	1	0	0	0	1	2
Periostitis, ...	1	0	0	0	0	0	0	1
DISEASES OF THE SKIN.								
Erysipelas, ...	1	1	0	0	0	1	1	4
Eruptions, ...	6	0	0	0	0	0	0	6
Psoriasis, ...	4	0	0	0	0	0	1	5
Tinea Capitis, . . .	0	1	0	0	0	0	1	2
DISEASES OF THE NERVOUS SYSTEM, &C.								
Cephalalgia, ...	2	0	1	0	0	0	0	3
Congestion of the Brain, .	2	0	0	0	0	2	0	4
Convulsions, . . .	1	0	0	0	0	0	0	1
Chorea, ...	1	0	1	0	0	0	0	2
Paralysis, ...	1	1	6	0	0	1	5	14
Spinal Irritations, . .	0	0	2	0	0	0	1	3
DISEASES OF THE SANGUINEOUS SYSTEM.								
Aneurism, ...	0	3	0	0	0	0	0	3
Apoplexy.	1	0	0	0	0	1	0	2
Hæmorrhage, ...	3	1	0	0	0	0	0	4
Inflammations, ...	12	2	0	0	0	0	0	14
Icterus, ...	1	0	0	0	0	1	0	2
FEVER.	25	0	0	0	0	7	1	33
" Bilious, ...	1	0	0	0	0	0	0	1
" Intermittent, . .	39	1	0	0	0	0	2	42
" Remittent, . . .	20	0	0	0	0	1	0	21
" Typhoid, ...	0	0	0	0	0	1	0	1
Small Pox, ...	3	0	0	0	0	0	0	3

ADMITTED FOR	Cured.	Relieved.	Removed by friends, or by their request.	Discharged for misconduct.	Eloped.	Died.	Remain.	Total.
MISCELLANEOUS CASES.								
Abscess,	3	1	0	0	0	0	3	7
Cancer,	1	0	0	0	0	2	0	3
Clavus,	1	0	0	0	0	0	0	1
Chlorosis,	1	0	0	0	0	0	0	1
Debility,	3	0	0	0	0	0	0	3
Diseased Eyes,	8	4	2	0	1	0	2	17
Dropsy,	3	2	0	0	0	2	3	10
Furunculus,	0	1	0	0	0	0	0	1
Fungus,	1	0	0	0	0	0	0	1
Gout,	1	0	0	0	0	0	0	1
Rheumatism,	38	9	0	0	0	0	13	60
Paronychia,	5	0	0	0	0	0	0	5
Tumour,	6	2	2	0	1	1	1	13
Ulcer,	22	3	4	0	0	0	4	33
Polypus,	0	0	0	0	0	0	1	1
Worms,	2	0	0	0	0	0	0	2
Insanity,	20	12	23	0	0	4	102	161
Mania a Potu,	18	0	1	0	0	2	0	21
	590	128	77	2	3	76	207	1083
LYING IN WARD.	safely delivered.	removed healthy.						
Pregnant Women,	30	0	1	0	0	1	6	38
Infants born,	0	24	0	0	0	7	3	34
			78	2	3	84	216	1155

Vermont Academy of Medicine.—The number of students in attendance during the last session, according to catalogue, was 57.

Ptyalism from the medicinal use of Arsenic.—By George Jones, St. Leonard's-on-Sea, April 28, 1840.[1]—In consequence of a paper by Mr. Hunt, reported at p. 77, vol. 2, of the Medical Gazette, I have occasionally prescribed arsenic in cases of mœnorrhagia, and with manifest advantage. The following very decided cure from its use was attended with symptoms which I have no recollection to have seen recorded as resulting from the medicinal use of this mineral, and may, therefore, not be uninteresting to your readers.

Mrs. L., æt. 46, stout in person, and of a florid complexion, says, that "for several months she has not been free from the menstrual evacuation, and that now she is almost drained by it."

℞. Liq. Arsenic, ʒiij.; Sp. Lav. C. ʒi. M. Capt. gtt. vij. ter quotidie ex aqua.

The case was nearly lost sight of for a month, during which she had continued to take the drops: at the end of that time, she applied to me on account of what, on a cursory view, led me to imagine was the effect of mercury—extreme fetor of breath, superficial ulceration of the gums and fauces generally, with increased salivary secretion. She then made the following statement:—After the drops had been taken, with little or no inconvenience, for a fortnight, the menorrhagia gradually subsided into an offensive discharge of a muco-purulent character, which has now left her altogether; at the same time the secretion of saliva increased, and her mouth became slightly affected. Not suspecting that the soreness could be referable to the medicine, she continued its use as long as it lasted. Her mouth continuing to get worse, she then made application for further advice. In about a week or ten days she became convalescent, under the following treatment.

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[1] Lond. Med. Gaz., May 8, 1840, p. 266.

℞ Magnes. sulph. ℥i.; acid. sulph. D. ʒi.; aquæ, ℥vj. M. partitis vicibus. sumend. donec respond alvus.

℞ Sol. sodæ chlor. ℥i. aquæ, ʒxi.; M. ft. lotio pro ore sæpe utend.

℞ Argent. nitrat. gr. iss. acid. nitrici, gtt. v. aquæ distill. ℥ij. M. Capt. coch. parvum, ex aqua 4tis horis.

Venereal Affections of Nose.—By Alex. J. Hannay, M. D., Surgeon to the Lock Hospital and the Royal Infirmary.[1]—I have derived much benefit in six cases of obstinate ulceration of the nose, and neighbouring parts, from *the daily* application of two, three, or four leeches to the gum on the upper jaw. All of these cases had assumed the inveteracy, obstinacy, and other characters, of that destructive process to which the name of lupus has been given. I had derived so much benefit in cases of venereal inflammation and its consequences from this practice, that I was induced to try it in the cases mentioned; and though they had resisted every method I had ever heard of for months, they yielded to the practice mentioned. The first applications brought relief from pain, reduced the redness and livor of surrounding parts, a gradual amelioration ensued, and, in the worst case, the cure was accomplished in forty-eight days, 140 leeches having been applied.

I can, therefore, with great confidence, recommend the above practice in cases of venereal affections either of the soft parts or of the bones of the nose, and, as far as six successful cases authorize me, I would advise the same in cases of lupus.

Of course, none of the measures calculated to improve the general health, or local applications likely to do good, are interfered with, and these should be diligently administered. I have been informed of one case of failure of the remedy proposed; but, before I can attach weight to it, I should wish to be quite sure that it was steadily pursued without a single day's interruption. Sincerely do I hope others may derive that benefit from the measure which has fallen to my lot.

Translation of Bouillaud on the Heart—We learn that a translation of Bouillaud's valuable work on the heart is in preparation by Dr. Dubarry of the Navy.

University of Maryland.—Sixty-five students attended the lectures during the last session. The degree of Doctor of Medicine was conferred on 14. We learn that our friend Professor N. R. Smith is engaged to deliver a course of lectures on surgery at this institution, before he proceeds to fulfil his engagement at the Transylvania Medical School. The session of the University of Maryland will therefore open in September; and during Dr.

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[1] Lond. Med. Gaz., May 8, 1840, p. 276.

Smith's absence an additional course of lectures on surgery will be delivered by Dr. W. N. Baker.

Washington University of Baltimore.—The degree of Doctor of Medicine was conferred on twenty gentlemen at the last commencement of this institution.

M. Ricord.[1]—M. Ricord, whose labours in the investigation of the venereal disease are so well known to our readers, has been passing a few days in London, which he has devoted to visiting the hospitals and other medical institutions.

Sir C. Bell.[1]—Sir Charles Bell is in London, on his way to Rome. It has been said that he intends to vacate his Professorial chair in Edinburgh, the University not affording him the position and advantages which were anticipated on his retreat to that city. He has, however, long been anxious to visit Italy, where John Bell, after his residence in Edinburgh, spent some time in study.

[In a more recent number, Sir Charles has contradicted the rumour in regard to his dissatisfaction with his present position.—Ed.]

BOOKS RECEIVED.

From the Author.—The Salt Sulphur Springs, Monroe county, Va. By Thomas D. Mütter, M. D., Lecturer on Surgery, &c. 8vo. pp. 32. Philadelphia, 1840. (See Bibliographical Notices.)

From the Author.—Rhinoplastic Operations with some remarks on the autoplastic methods usually adopted for the restoration of parts lost by accident or disease. By J. Mason Warren, M. D., (Republished from the "Boston Medical and Surgical Journal.") 8vo. pp. 28. Boston, 1840.

From the Author.—An Introductory Lecture to a course on the principles and practice of surgery, delivered in the Vermont Academy of Medicine, March 12, 1840. By James Bryan, M. D., Professor of Surgery in the above Institution, Member of the Philadelphia Medical Society, &c. &c. 8vo. pp. 12. Rutland, 1840.

From Professor Bryan.—Catalogue of the Trustees, Faculty, and Students of the Vermont Academy of Medicine, for the Session of March, 1840. 12mo. pp. 12. Rutland, 1840.

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[1] London Lancet, May 2, 1840, p. 206.

[2] London Lancet, May 2, 1840, p. 208.

THE

AMERICAN MEDICAL INTELLIGENCER.

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For the American Medical Intelligencer.

Art. I.—PSOAS ABSCESS.

BY ROBERT VOGAN, M. D., &c. &c.

Columbia, South Carolina, May 15, 1840.

Case.—Jno. Keegan, ætat. 19, labourer, of an unhealthy aspect, with dark hair and eyes, and apparently of a scrofulous diathesis, was admitted into hospital, with a prominent tumour at the lower and anterior part of the abdomen on the left side immediately above Poupart's ligament.

He referred the commencement of his disease to a period of two years distant: he then found himself unable to walk as well as usual, and felt a degree of uneasiness and weariness about the lumbar region, which was particularly distressing after walking, also if he remained long in the erect posture, or if, when sitting, he would rise up suddenly or incautiously. The same uneasiness was experienced in the attempt to raise any heavy weight, such as carrying a sack, &c. About this period he met with an accident in crossing a loft, by which he slipped, and as he terms it, overreached himself: this produced a temporary aggravation of his sufferings, and obliged him to confine himself to bed for some days. The weakness and uneasiness in the back continuing, he has been compelled to give up his occupation, and he has been moving about with the assistance of a crutch. About five months ago, he observed a colourless swelling about the size of an egg at the lower part of the abdomen on the left side, and refers its first appearance, somewhat nearer the region of the internal ring.

Having been told that he laboured under a hernia, he was directed to wear a truss, from which he suffered much, and under the use of which a rapid increase of the swelling took place. His health has been latterly declining, he is in some measure losing flesh—feels hot and feverish towards evening, has occasionally irregular rigors, and partial perspirations—his appetite is in general good—there is some thirst, and his pulse, as far as at present can be learned, being easily excited, ranges about 90, sometimes as high as 100.

The lower and anterior part of the abdomen on the left side presents a swelling of considerable magnitude, occupying the space between the os pubis and the anterior superior spine of the ilium, folding over Poupart's ligament, and ascending obliquely across the side of the umbilicus towards the lumbar region. The surface of the tumour is not uniformly even; the integuments covering it being irregularly thinned, and at these points presenting a shining and partly discoloured appearance. It is remarkably tender to the touch, particularly around the circumference, which is well defined. A most distinct fluctuation exists, and a marked impulse is given to the tumour during the act of coughing or sneezing, &c. It is very firm and tense in the erect posture, but flatter, softer, and more lax in the horizontal, is unaccompanied by any derangement of the bowels, and always retains a considerable size: when standing the body is bent forwards, and there is an incapability to raise it, at least without pain.

Progression is not attended with any peculiarity, nor does he remark any disposition to trip.

Examination, whilst in the horizontal position, discovers a most visible displacement in the direction as well as in the position of the second lumbar vertebra—a remarkable bony projection also exists in the situation of its transverse process, where pressure produces considerable uneasiness.

Observations.

Before entering into the consideration of the case above related, it may not be amiss to mention that there are two forms of abscess, named with respect to the period of their duration and attendant symptoms, and are distinguished by the terms, "Acute" and "Chronic."

The "acute" abscess is exemplified by phlegmon—is attended with heat, pain, redness and swelling—has a great tendency to come on rapidly—is not large—is well circumscribed—the parts between the sac and integuments become engaged, and the parts which are engaged present a reddish or purplish appearance: besides there is this one great characteristic, that when it breaks or is opened, great relief is afforded, and it has a wonderful tendency to heal, as the cavity is soon filled with granulations, and the healing process rapidly progresses towards a cure.

This is different from the "chronic" abscess, where there is little or no pain—no phlegmonous inflammation, and when examined there may be either an increased determination of blood to the part, or merely a slight degree of vascularity: the cellular membrane is engaged, and the cavity, which is organised, is endowed with arteries, veins, nerves and absorbents—the arteries designed to secrete the fluid it contains, and the absorbents to remove it, but this office of the absorbents is very rarely indeed performed. The superincumbent parts are not engaged until the disease has arrived at an advanced stage, and they preserve their natural colour, which is not the case in the acute form—the cyst of the abscess may be as thick as sole leather—it is hard, firm and resistant. The abscess is inclined to affect parts remote from its original situation, as in psoas abscess, thus it has its seat in the loins, yet it often appears in the thigh; not so in the acute abscess; so that whenever a tumour is presented to the surgeon's view, as in that of Keegan, where it extends to the thigh, it is one continued sac, reaching from its original seat to the point, where it makes its external appearance. Another remarkable circumstance connected with the chronic form of abscess is, that when it breaks, it evinces no tendency to heal, but increased action supervenes, and there is an alteration in the nature of its contents. Its opening is to be dreaded, particularly in deep-seated abscesses, whether this is effected by the natural process or by surgical means.

There exists also considerable difference in the nature of the fluid which the chronic and acute abscesses contain: in the chronic it is of a wheyish character, with flocculent matter floating through it—it is not of uniform consistence, but is serum with flakes of lymph; whereas in the acute form it is in general of uniform consistence, is thick, and in appearance resembles cream; this characteristic has been noticed by every author who has written on the subject.

Psoas abscess, therefore, is found in every respect to deserve the name of chronic, which is evident from an investigation of the case above detailed, since he has been labouring under it for a period of two years. The first symptoms to attract attention are, an inability to walk as well as usual—weariness in the loins, where the disease is situated—great difficulty in raising up the body when stooping—great distress in the erect posture, in consequence of the interference of the disease in the action of the psoas and iliacus internus muscles—complaining of a sensation of pain in parts very remote from the true seat of the disease, as the hip, groin, knee, &c., and hence arises the difficulty in forming a diagnosis between this affection and morbus coxæ. The tightening in bending the knee sometimes exists to such a degree, that the diagnosis is extremely difficult, particularly in the early stages of the complaint.

Pain in the back—want of free motion—pain, stiffness, and constriction in the side are present before there is any external mark of the disease. From the history of this case, it is found, that it is only five months since a tumour was apparent externally, and consequently that a period of one year and seven months had elapsed from the first attack of the affection until it made its external appearance, and that he laboured under it from that time.

There are various directions it may pursue, previously to its bursting externally—it may either open in the lumbar region—in the layers of the abdominal muscles, or in the groin, following the direction of the tendon of the psoas magnus muscle so as to appear like a hernia; the reason of this appears to depend upon the part of the muscle, which is first attacked, or where its original seat is:—ex. gr.: if it commenced in the posterior part of the muscle, it will make its appearance in the loins: if in the lateral part, in the layers of the abdominal muscles; and if in the anterior part, it will appear in the groin: hence, its external appearance is owing to its primitive seat. Recovery from the disease may be considered to be more certain, when it shows itself near to its original situation, as it is then smaller, contains less pus, and has not engaged so many parts.

The constitutional symptoms depend in a great measure upon the irritability of the patient and his original stamina: sometimes before there is any external appearance of the disease, hectic fever supervenes; at other times, not until it has manifested itself by external symptoms, when the patient is found to be subject to rigors—heat of skin and nocturnal perspirations, and the countenance becomes very pale. In the case under consideration, the fever is not fully formed, as he has not so much of an unhealthy aspect, as he is subject to agitation, when examined; his appetite moreover is good, which is not an usual symptom in hectic fever arising from lumbar abscess, for in surgical hectic there is generally no appetite, but in medical hectic, the appetite is often good to the last. If the fever does not supervene until the abscess breaks or is opened, it will be found to do so when that effect is produced, at which time the hectic symptoms are more clearly marked, the heat of the skin is very great, and the nocturnal perspirations with diarrhœa soon wear down the patient. In the case of Keegan, the fever will soon appear, as the tumour is of a large size, and there is therefore a great destruction of parts: it is not uniform even on its surface, but is prominent in two distinct places, owing to its being irregularly thinned internally by the ulcerative absorption, and if it is not opened, it will break at one of those points, where the thinning process has taken place.

These tumours when in the seat of hernia are often mistaken for that disease, and it is surprising that such a mistake can occur. In the foregoing case, however, as may be learned from its history, it was mistaken for a hernia, because it was a tumour which increased by coughing; and the *person*, who was first consulted, ordered a truss to be applied for its relief, the pressure of which created an additional pain in the symptoms, and it is more than probable, the inequality also of the surface, by exciting the absorbents of the part where the pressure was directly applied. It might be more likely to be mistaken for a hernia, whilst in the groin, as it increases in bulk when in the erect posture, and retires when in the horizontal if pressure is employed, but returns when the pressure is removed; this is not the case in hernia—there is besides a fluctuation constantly existing—but the difference is so great and striking, that it is unnecessary to enter further into detail. It is evident that the tumour is one cyst, extending from its original seat in the loins to the groin, and if the patient is placed in the horizontal position, its external appearance may be obliterated; but in the erect posture, its own gravity and attendant pressure will render it more tense and full.

The symptoms, therefore, are, 1st, pain and distress in the motions of the part; and 2ndly, the parts at a distance become affected, as the groin, knee, &c., inability to move the limb, rigors, hectic symptoms, and then the tumour makes its external appearance, and the disease becomes evident.

The prognosis in the case of Keegan is bad—it is to be presumed that it is so, from a consideration of the length of time the disease has existed, although he has not suffered much in his general health, but depression of strength and hectic fever will supervene, as soon as the abscess breaks: the size of the tumour militates also against his recovery, for the goodness of his health will not counterbalance the quantity of parts it has engaged, as it extends from the upper part of the psoas muscle as far down as the groin: again, it is connected with the spine, as there is displacement of the spinous and transverse processes of the second lumbar vertebra, which would make the surgeon dread great danger, as each of these diseases is *singly* capable of inducing a fatal termination by hectic fever: here, therefore, is caries of the vertebra, which will terminate in Pott's curvature of the spine, should the patient survive any length of time.

Injury or cold will give rise to this disease; in this case, Keegan attributes the origin to an injury by overreaching himself, but from the history of the case, it is evident, that it existed some time previously to the receipt of the injury—it is more than probable that he has lain in a damp place, for I believe that lying in a damp bed is, in a person predisposed to scrofulous disease, the most frequent source of this complaint.

The next thing to be considered is the TREATMENT of the disease. If seen at its commencement, when there existed pain and difficulty in standing, or want of power in raising the body from the bent to the erect posture, a horizontal position should be enjoined—complete quietude—the application of leeches—cupping—irritation of the surface by moxa or blisters—attending to the general health and giving a nourishing but not stimulating diet, form the basis of treatment at the dawn of this affection. This plan, however, will not always succeed or arrest the progress of the disease, yet it has the advantage of affording the fairest chance of recovery to the patient. In the case under investigation, matters wear a different aspect; all the above line of treatment has been neglected, and not the slightest chance of recovery given him.

A question arises, whether the tumour should be opened or not? On this subject there is a variety of opinions. And whether if it be not larger than a tennis ball, should it be opened, whilst the integuments are disengaged? On this point I may observe, that I have seen as many cases recover where the surgeon did not interfere, as where the abscess was opened, and that too at an early period: so that the preference may be given either to nature or to art. At all events, I would open it early, if the abscess was small, and I had a good constitution to deal with, and no hectic fever existed: but if the constitution was bad, and there was cough or any symptom to denote the existence of a latent disease in the lungs, I would not attempt it; for in such a case the operation would be worse than unsuccessful, it would expose me to the censure and animadversion of the patient and his friends, for they would attribute all the ill consequences of the operation to the means I had resorted to. In the case of Keegan, it would be bad practice to interfere, on account of the size of the sac, its connection with the lumbar vertebra, and being thinned in three places with diseased condition of the integuments; for, although it should be opened, the ulcerative absorption at these points would not be prevented from taking place, but would go on; the pain would be less, it is certain; but hectic fever will soon supervene, which will terminate his sufferings.

If it is to be opened, it has been recommended to do so with a flat trocar or a lancet: in opening chronic abscesses, whether lumbar or not, the object to be held in view is to make a valvular opening, which can be done with a lancet: if this instrument is used (the patient is supposed to be lying on his back) it is pushed in the horizontal direction for about a quarter of an inch between the sac and integuments, and then into the sac: if the matter be too thick to flow out through this opening, a director can be introduced. By making a valvular opening, the matter does not press on the skin, it can be more easily closed up, and the atmospheric air does not come in contact with the internal cavity. This does not always succeed; but whether the lancet or trocar is employed, a valvular opening should be made.

When hectic fever is set in, recourse must be had to the different remedies which are recommended and adapted to its different stages: sometimes the perspirations are most distressing; at other times, the diarrhœa; also must the remedies vary; let the diet be nourishing, give wine, porter or ale, and in those cases give it liberally.

It seldom happens without the cyst breaking; cases, however, have occurred where the matter has been absorbed. A most remarkable case came under the observation of Professor Wilmot, where the matter was absorbed, and air secreted in its stead: the following particulars of this phenomenon I extract from the 2d vol. of the Transactions of the College of Physicians in Ireland, p. 26.

"Martin Carroll, aged 22 years, a strong athletic young man, was seized about the beginning of 1814, with a pain in his loins after lying on a damp bed. He was repeatedly blistered for this pain, without receiving any decided relief. After a lapse of nearly twelve months his health began to decline. He was now frequently attacked with a creeping in his skin, and a chilliness towards evening. Says he got hot and restless soon after going to bed, and that after sleeping his face and breast were moist with perspiration. Appetite bad; great thirst; suffered at this time much from an acute pain in his left knee; says that the pain in his back is much increased by striking his foot against any unyielding body.

"A tumour now appeared in the left groin, which alarmed him greatly, and was the cause of his coming to town for advice. I now saw him for the first time, which was in the winter of 1814, and learned from him the history which I have just detailed.

"On examination, I found the tumour about the size of a tennis ball, but flat, and immediately under Poupart's ligament, accompanied with a swelling above it. The integuments covering the tumour were a little discoloured, and a distinct fluctuation could be felt within it; it was also slightly affected by coughing and the horizontal posture.

"From the history of this case, and from the feel and appearance of the tumour, I had no hesitation in declaring it to be a well marked case of psoas abscess; Dr. Stoker, who brought the patient to me, coincided in this opinion. We agreed to tap the tumour, but the patient refused his consent and returned to the country. I should have mentioned that there was no disease of the vertebra.

"After the interval of nearly a year, he came to town again, resolved to submit to any treatment I might think fit to advise. On his second visit, I was not a little surprised to find that the tumour in the left groin, though very much increased in size, had lost all the characters of an abscess. It was now of a conical shape, it measured nearly 14 inches in circumference at the base, and from base to apex about 7 inches; all sense of fluctuation within the tumour was now gone, and it had a tympanitic and elastic feel. The integuments had now ceased to be discoloured, and were very loosely connected to the tumour, whose parietes felt about the thickness of the tunica vaginalis in an old hydrocele; they were not, however, of a uniform thickness, the apex being much thinner than any other part. The patient's health was now completely re-established; the hectic symptoms, and the pains and weakness of his back, which he complained of at the commencement of the attack, gradually declined without any medical interference, but the tumour continued rapidly to increase, producing considerable inconvenience by its bulk, and preventing him from following his usual occupations.

"On making a more minute examination of the tumour, in order to ascertain its contents, I found that its cavity communicated freely with the abdomen, and that I could very easily empty the contents of the tumour into the cavity of the abdomen through this passage, which makes it evident that the external sac was an elongation of the internal cavity. When this was accomplished I could feel the femoral ring greatly enlarged, and a considerable cavity under it among the muscles situated at the upper and anterior part of the thigh. On removing the pressure, which was necessary to empty the sac, it suddenly became distended to its usual size, though the patient lay in the horizontal position; from this circumstance together with the elastic and tympanitic feel of the tumour, and from its having lost all characters of an abscess, I had no hesitation in asserting that air was now its contents. This may appear strange at first, but very little consideration will satisfactorily account for its existence.

"We know from numerous pathological facts, that the cysts of abscesses are highly organised, having arteries, whose office it is to secrete pus, and absorbents, which not unfrequently take up, either totally or in part, the matter in contact with them. In the case under consideration, the matter was entirely absorbed, and there was also a cessation to the secretion of more matter, in consequence of the great change in the patient's constitution. The arteries having ceased to be employed in the secretion of pus, now assumed the office of secreting air, and by this means the gradual obliteration of the cyst by contraction was prevented, which is usual in ordinary cases, when the matter is removed by the absorbents. There is no point in pathology better established, nor one more universally admitted, than the power of arteries to secrete or separate air from the blood. This is proved in cases of emphysema, where the lungs are entire, and also in that affection called tympanitis; if then it is admitted that the arteries of the cellular membrane, and of the stomach, and of the intestines, can at times secrete air, I cannot conceive I have advanced any thing strange or inconsistent, by allowing a similar power to the arteries of a cyst of an abscess, whose integrity has not been destroyed, either by a natural or artificial process.

"The disappearance of pus and the formation of the air being accounted for, the rapid increase of the tumour externally, and its contracted limits internally, may be easily shown. Air being an elastic fluid, the bulk depends on the degree of pressure to which it is exposed. From the dissertation already given it appears that the sac which contained this air was situated partly within and partly without the cavity of the abdomen. The internal portion being originally thicker, the disease being first formed there, and being compressed by the surrounding viscera, was capable of affording more resistance than that portion under Poupart's ligament, it being thinner and less compressed. This resistance given to the air within together with the force of gravity, caused more of it to descend to the depending part; and here meeting with less resistance, it expanded and dilated this part of the sac, so as to produce a tumour of the size described. Being firmly convinced of the nature of the case, I saw that there were two modes of giving relief; one by puncturing the tumour and letting out the contained air, and then bringing the sides into contact, so as to cause the opposite surfaces to adhere, and in this way destroy the cavity; or by pressure, to promote its absorption, and by a continuation of the pressure to bring about obliteration either by contraction or adhesion. I determined upon trying pressure, which succeeded most effectually. I applied a bandage and compress, wet with a strong decoction of oak bark and alum; this application produced a considerable corrugation of the skin. In about three weeks the air was almost entirely absorbed, and the sac considerably diminished. I now got a truss made with a pad so as to cover the entire extent of the sac. The patient was now able to walk, and in about four weeks from putting on the truss, left the hospital perfectly free from any swelling."

ROBERT VOGAN.

ART. II.—FATAL SPASMODIC AFFECTION OF THROAT.

BY R. R. CHEYNE.[1]

A gentleman, aged 34 years, of a highly scrofulous diathesis and feeble constitution, which he possessed in common with nearly every member of his family, had been attacked from time to time, both before and after I was first consulted (now about five years since) with low fever, bringing in its train soreness of the throat, with weakness, loss of voice, dry convulsive cough, dyspepsia, violent spasms of the stomach and vomiting, vertigo, discharge from the ears, and deafness. These symptoms (which did not always prevail together) were usually attributed to catarrh, and lasted sometimes only a few days; at others, a week, or more, leaving, in the intervals of each attack, a state of tolerable health. In addition, however, to these more occasional indications of disease, scrofula, in either an active or passive form, prevailed to an intense degree in various parts of the body, and in particular the glands of the neck were enormously enlarged. Extensive suppuration and ulceration in the latter region, as well as in the left foot, took place about three years ago. The discharge from the neck continued during the ensuing two years; that from the foot (depending upon the presence of necrosis) persisted to the last. It is remarkable that this profuse rejection of scrofulous matter through the channels of external suppuration seemed to have materially increased the general vigour for the entire year preceding the termination of life.

The disease, which issued in my patient's death, commenced as fever of a remittent character and low type, attended by slight soreness of the throat and hoarse voice, dry cough, spasms of the stomach, and total loss of appetite. There were no physical signs of tubercular deposition in the lungs, but there was very great diminution of the sounds and impulse of the heart.

The above symptoms gradually declined in severity, so that, at the expiration of a week, they had almost disappeared, when suddenly the case assumed a new and very alarming aspect. The sufferer had awoken out of composed sleep in a fit of dyspnœa, which lasted about a minute, and this had recurred a second time in the course of the quarter of an hour which elapsed before I could reach him. His countenance was then anxious; skin bathed in perspiration; pulse sixty, (common to his best health,) and feeble; respiration perfectly tranquil, and deglutition performed with ease. Shortly after my arrival, I had an opportunity of noting the real nature of the spasms. It was evidently seated in the throat, and compelled my patient to make repeated and violent efforts to fill the lungs, each inspiration producing a crowing sound, exactly like what is noticed in the laryngismus stridulus of children. Before I left him, he had fallen into quiet sleep, which was of some hours' duration, and, with the exception of a slight return at the moment of awaking, he remained free from his alarming symptom, until the evening of the next day, when, directly after the act of deglutition, he was suffocated in the midst of the most awful struggles for air.

It is unnecessary to occupy space in the minute description of the treatment pursued in this case. Upon this head it is sufficient to remark, that throughout the general principle was steadily kept in view, of supporting the strength, as far as this could be done with a due regard to the nature of the symptoms. I am not sure that the operation of laryngotomy could have been performed with propriety in the absence of any permanent embarrassment in respiration, or of any local or constitutional signs of organic disease of the larynx.

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[1] Lond. Med. Gaz., May 8, 1840, p. 258.

Autopsy, 80 hours after death.—Much objection was made to the examination of the body, and then the dissection was confined to the neck. I was assisted by my friend Mr. Forbes.

Externally, the neck appeared crowded and bulky, and was marked, from ear to ear, by the scars of former ulceration.

Upon reflecting the skin, platisma, and fascia, numerous superficial glands were exposed in the course of the external jugular vein. The superior cervical glands, and a chain prolonged in the course of and beneath the great vessels and nerves of the neck, were some of them of a large size, whilst all of them displayed different steps, in the series of morbid changes, peculiar to scrofula. Many of these glands completely surrounded and adhered to the sheath of the vessels in its entire course; whilst others, more scattered, must have exerted considerable pressure upon the sympathetic, and those branches of the vagus nerve supplying the pharynx, its constrictor, and the structures of the larynx. The glottis and epiglottis were œdematous, the mucous membrane being of a paler tint than natural, and when laid open, throughout the larynx and trachea, was found to be free from ulceration, and altogether healthy.

Remarks.—The history of this case, and the result of the dissection (limited as it was) illustrate, in a very satisfactory manner, certain points in physiology and pathology. In the first place, I was disposed to think that the œdema of the glottis did not materially impede the act of respiration. I am, however, aware that very slight obstruction, in this situation, might occasion fatal spasm; but, then, an inflamed or ulcerated state of the mucous membrane almost invariably co-exists as a source of irritation. The interruption to the venous circulation, which must have arisen from the presence of such a mass of enlarged glands, in the vicinity of the glottis, or the violent contraction of the parts, which had taken place just before the death of my patient, may certainly have produced the serous effusion.

It is well known that pressure upon the pharynx or larynx by means of any tumour may excite spasms of those organs, simply from irritation of the sensitive nerves of the mucous membrane, and the reflected influence of the motor nerves; and, also, that *direct* compression or irritation of nerves induce various, more or less important, derangements of their functions. In my friend Dr. W. Baly's abstract of Dr. J. Reid's experiments upon the eighth pair of nerves, it is stated, first, that, on irritating the pharyngeal branch of the vagus, rapid and vigorous movements of all the pharyngeal muscles and upper part of the œsophagus follow; secondly, that irritation of the inferior laryngeal nerve produces strong movements of the arytenoid cartilages, while irritation of the superior laryngeal nerve (by galvanism) gave rise to no action in any of the muscles attached to the arytenoid cartilages, but merely to contraction of the crico-thyroid muscle; thirdly, that division of the recurrent nerves put an end to the motions of the glottis, but that the sensibility of the mucous membrane remains; that division of the superior laryngeal nerve leaves the movements of the glottis unaffected, but deprives it of its sensibility; fourthly, that irritation of the trunk of the vagus excited motions of the œsophagus which extended over the cardiac portion of the stomach.[1]

Müller remarks, "that the vagus affords sensitive influence to the organs of voice and respiration, the pharynx, œsophagus, and stomach;" and that "from irritation of the branches of this nerve, which is propagated to the brain, a number of spasmodic movements of the organs of respiration, as coughing, vomiting, &c. are produced." He goes on to say, "that a consideration of all the different results, obtained after tying or dividing the nervus vagus, leads to the inference that death arises from the concurrence of different circumstances, which, at last, produce suffocation. They are the following:—first, incomplete paralysis of the muscles of the glottis; second, exudations in the lungs; third, change in the chemical process going on in the lungs; fourth, coagulation of the blood in the vessels, as observed by Mayer."[1]

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[1] Müller's Physiology, by Baly.

It seems to me, that the pathology of the case I have above detailed offers very beautiful evidence in support of the views of experimental physiology. It is, indeed, difficult to explain many of the remarkable symptoms from which my patient had been so long a sufferer, (and particularly those which preceded his death,) otherwise than upon the supposition that they sprung from direct or indirect irritation of the sympathetic and vagus nerves. And I may add, that probably most of those obstinate spasmodic affections of the organs of respiration and digestion, which so frequently occur in children and adults of a scrofulous habit, owe their origin to a similar cause. The troublesome dyspepsia, also, to which such individuals are extremely subject, perhaps may depend upon the existence of some obstacle to the passage of nervous influence, and the consequent diminution of secretion.

In connection with the above remarks, it is instructive to observe how continually, in the irritable constitutions of children, the sensitive influence of the vagus, and its organic actions, derived from the sympathetic nerve, are disturbed, so as to produce disease which simulates inflammation, but which is purely of a spasmodic nature. For example, a child, said to have been in good health until the moment of the attack, (although the bowels have, in all probability, been torpid, and the motions deficient in bile for some time previously,) is suddenly seized with wheezing, dyspnœa, and cough, the pulse being rapid, the skin hot, and the face flushed. This very common sympathetic and spasmodic affection is too often treated as inflammation of the lungs, to which, indeed, it bears a strong resemblance; but it goes off as rapidly as it came on, and really requires nothing more than one or two emetics, and an active mercurial purgative. Much the same condition exists (requiring similar treatment) in many of the cases, called asthma, occurring in adults, and in which the attack may often be distinctly referred to some irritation of the stomach, excited by error in the quantity or quality of the diet. Experience, however, teaches us that irritation or congestion of the brain itself mostly co-exists with, if it do not precede, derangement of the organic functions. Thus, in infantile remittent fever, (the phenomena attending which well illustrate the dependence of nutrition and secretion upon the nervous system,) the paroxysm is marked by an extremely rapid pulse, a flushed face, suffused eyes, hot skin, and drowsiness; or, in other words, by evident cerebral irritation. There are immediately established sympathetic affections of the lungs, stomach, and liver, viz., increased secretion of mucus in the air tubes, with cough, and more or less paralysis of the stomach and liver, as indicated by a total want of appetite, and costiveness. If food be taken, it is generally vomited in an undigested state, and the motions are chalk-like, or clay-coloured, from deficiency of bile. As the disease advances, delirium, screaming, strabismus, &c., point out a more acute affection of the brain; and, as might be expected, this state is productive of still greater disturbance of the functions of the nerves supplying the organs of respiration and digestion, so that, after a few weeks, if soreness does not follow the treatment, the little patient dies from absolute exhaustion. It is of little consequence to determine whether the brain has been primarily or secondarily affected, inasmuch as the appropriate remedy is adapted for either view of the case. This remedy I believe to be calomel, continued perseveringly in small doses, at regular intervals, until the local and general symptoms give way.

In conclusion, I would observe that numerous cases are daily met with in the practice of medicine, which appear under the forms of obstinate functional disorders of the organs of respiration and digestion, combined with imperfect nutrition and secretion, in which, after the failure of ordinary measures, it would, no doubt, be of much advantage to devote a more exclusive attention to the nervous centres.

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[1] Müller's Physiology, by Baly.

Art. III.—ACETATE OF LEAD IN BRONCHITIS.

BY WILLIAM HENDERSON, M. D.[1]

Fellow of the Royal College of Physicians, and Lecturer on Practice of Medicine, Edinburgh.

Several years ago, having had repeatedly occasion to regret the inefficacy of the medicines commonly used in bronchitis, when the object in view was the restraining of a too abundant secretion, by which the bronchial tubes were loaded, and the respiration greatly embarrassed, I was glad to avail myself of a notice contained in the Medical Gazette of 1833, and extracted from Rust's Magazine, in which the virtues of the acetate of lead were represented as specially adapted to the circumstance in question. The cases in which I had had the greatest reason to feel the want of a remedy which could restrain the secretion from the bronchial membrane, were the bronchitic disorders of children, occurring in connection with measles and with hooping-cough; and it was in cases of this kind that I subsequently had the satisfaction of first witnessing the beneficial operation of the acetate of lead in inflammation of the bronchial mucous membrane.

After a careful investigation of the powers of this remedy, continued for several years, and based on an ample compass both of personal observation and the reported experience of several practitioners to whom I recommended the use of it, I feel warranted in stating my conviction that the acetate of lead is a remedy by far the most worthy of reliance in bronchitis attended with profuse secretion. The useful agency of this preparation is not confined to the bronchitis of measles and hooping-cough, but is equally observable in the simple bronchitis, and in that which so often occurs as a complication of continued fever. In whatever class of cases I have prescribed it, its administration has been limited to that period of the bronchitis in which the evidences of abundant secretion were apparent; and those evidences have formed the only guides which I have found it requisite to follow in the first exhibition of the remedy, and in regulating the bulk and frequency of the doses. The stage or duration of the disease does not require to be regarded in prescribing the acetate; and, though it exerts a signal and most salutary influence on the secretion of chronic mucous catarrhs, it has always appeared to me that its chief value consists in the rapidity of its operation in such acute cases as are characterised by copious secretion, whether of the muco-purulent appearance or not, whereby the respiration is impeded, and suffocation is threatened.

In acute bronchitis, diverse effects have been observed to succeed the use of the lead. In some instances a very speedy and entire removal of the rattles has ensued, without the pulse having been lessened in frequency, or the respiratory acts materially altered from their previous condition. In such I have been accustomed to omit the lead, and to recur to the antimony, ipecacuan, and calomel, or to whatever remedy had been previously used. In a second class of cases, the rattles have merely undergone a considerable diminution, while the other symptoms have continued nearly or altogether as before. In those I have found it of great advantage to alternate, with the exhibition of the acetate of lead, either the antimony or calomel and ipecacuan. In a third class, no material change of any kind has followed the use of the lead for several days. The cases of this class, for the most part, consisted of hooping-cough, with intense general bronchitis; and in the treatment of them, the acetate has been given in much larger quantity, and continued longer than in the others. I have repeatedly ascertained, in cases of this kind, that though the number of rattles, and the apparent amount of the secretion, seemed but little reduced from the state which they had presented on the lead being first administered, a marked change for the worse has followed the omission of it. In this class of cases, the doses of lead have been usually alternated with those of some common remedy; yet the latter have been frequently omitted, unless some indication of pneumonia existed, without apparent disadvantage. In a fourth class, composed mostly of cases in which the secretion appeared, from its extreme abundance, to be the principal cause of the more harassing symptoms—to wit, the hurried acts of respiration, dyspnœa, and consequent restlessness, &c.—the decrease in the number of the rattles, more especially the larger mucous rattles, which has commonly soon followed the administration of the lead, has been very generally accompanied by a commensurate decrease in the other important symptoms. In not a few instances of feeble children, labouring under acute general bronchitis with copious secretion, have the effects of the acetate been observed, by myself and others, so promptly and decidedly manifested as to excite no little surprise, and to alter the prognosis speedily, from a very gloomy to a very cheerful aspect.

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[1] Lond. Med. Gaz., May 8, 1840, p. 263.

The dose in which this medicine may be given must vary with the exigencies of the case and the age of the patient; though the latter particular is of less importance. Indeed I have hitherto found occasion to give it in much larger quantity to children than to adults, owing to the much greater frequency and severity of acute bronchitis in the former. The quantity taken in twenty-four hours by an adult has not exceeded twelve grains, in doses of from one to three grains. The cases of acute bronchitis in the adult in which I have used the lead, have been mostly complications of continued fever. Along with the lead there were usually given a few grains of the compound powder of ipecacuan; sometimes with the addition of the powdered squill. The common doses to children have been, according to the severity of the case, a quarter, half, or whole grain, from to eight or ten times a day. In one very severe, and at one time almost hopeless case, so much as four scruples were swallowed within ten days. The child was six years old, and the disease intense general bronchitis, supervening on hooping-cough. No such bad effects succeeded as are too commonly dreaded from the medicinal use of the acetate of lead, though the gums corresponding to the lower incisors exhibited the blue tint pointed out by Dr. Burton, on the fifteenth day from the commencement of the use of the lead, and it is probable that it existed previously to that date, though unobserved. Nor have I hitherto witnessed in any case the dreaded effects of the lead, not even to the extent of causing constipation.

In the chronic mucous and muco-purulent bronchitis, there is no remedy, I firmly believe, (and I have tried a great many,) that possesses nearly the controlling power over the quantity of the secretion, which is displayed by the acetate of lead. I usually give it in a pill containing one or two grains, along with some extract of hyoscyamus and a grain of squill, three or four times a day.

I have thought it of consequence to let the experience which I have had of the properties of this remedy in bronchitis, be known; because it appears that they have nearly or entirely escaped the notice of the generality of practitioners. The only suggestions with which I am acquainted, of the utility of the acetate of lead in bronchial inflammations, besides that to which I have referred, are by Sauvages, in his Nosologia Methodica; by Dr. Reece, in the fifteenth volume of the Medical and Chirurgical Review (both of whom recommend it merely to relieve irritation in hooping-cough;) and by Dr. Stokes, in his first volume on Diseases of the Chest, who conjectures that it might be of advantage in certain forms of chronic bronchitis.

BIBLIOGRAPHICAL NOTICES.

Dr. Bryan's Introductory Lecture.[1]

Professor Bryan has adopted the course, which is usual in introductory lectures, of giving the student a sketch of the history of the science, and of some of the distinguished ancients and moderns, who have rendered their names imperishable, by the improvements effected by them, and by their zeal in the prosecution of this branch of the healing art. The exordium will give a favourable specimen of the author's manner.

"During the last year I was honoured by the trustees of this institution with the tender of the chair of the Principles and Practice of Surgery. The responsibility of the station, thus held out, with other important considerations, made it doubtful for some months, whether or not I would be justified in the acceptance of so distinguished a trust. Having, however, conferred with some of my friends, and feeling, I trust, a pardonable enthusiasm in my profession, with a strong desire to see its principles disseminated to an extent commensurate with their importance, I at length consented to leave my now distant home and its pleasant associations, for a time, to assist you in a pursuit at once elevated, honourable, and worthy the exercise of the highest talents. That our end may be obtained, and that the school, the trustees, and the neighbourhood, may be benefited by our meeting together, is the earnest and ardent wish of my heart.

"Our profession has ever stood high in the estimation of mankind, and dates its origin in the remotest antiquity.

"Man, like the beasts that perish, is born in weakness and helplessness, and in the first periods of his existence, is, perhaps one of the *most* helpless and irrational of animals.

"Devoid of that instinct which guides other creatures with unerring certainty, to seek those objects which are useful, and shun those which are hurtful, and as yet endowed with but faint glimmerings of that divine reason which is soon to expand and lead him to heights but little below the angels, he gropes his way in an uncertain twilight, worse perhaps than total darkness, since it serves only to make darkness visible, and causes him to stumble and totter, at a time when other animals are upright and enjoying all the privileges of their existence.

"In addition to this, as soon as his eyes are opened upon the scene around him, he finds innumerable ills and sorrows besetting him on every hand, with but few natural means of defence or redress. Reason now assumes the sceptre, and in proportion to the wants and sufferings of her votary, does she sway her potent skill over the elements of nature. The elements bow to her power; air, earth, fire and water are but implements in her hand, by which she not only guards and protects, but ennobles and refines the favoured creature of her charge.

"But, as in the history of one mind, we find that it does not at once attain its highest degree of perfection, so in the history of nations, or of our race in general, we observe that there has been a gradual growth of knowledge and science up to the present time; and no people or nation can boast of having attained the highest point of improvement of which the human mind is capable. A view of the history and progressive growth of the mind may best be obtained, perhaps, by reference to the history and gradual extension of any one or more of the sciences. These, commencing in the early ages of the world have, from time to time by the aids of reason and observation, slowly but surely advanced to an extent which would baffle any *one* mind, even the most powerful, in the present day, to comprehend and understand.

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[1] An Introductory Lecture to a course on the Principles and Practice of Surgery, delivered in the Vermont Academy of Medicine, March 12, 1840. By James Bryan, M. D., Professor of Surgery in the above Institution, Member of the Philadelphia Medical Society, &c. (Published at the request of the class.) 8vo. pp. 12. Rutland, 1840.

"The short tenure of the life of man has had little or no effect in impeding the growth of knowledge—this, like the mind itself, may be said to be eternal in duration, and unlimited in expansion—and with the power that we have of transmitting it unimpaired from generation to generation, may be said to have grown as rapidly and extended as widely, as if the first cultivators had continued to live and improve it up to the present day.

"There is nothing, perhaps, more appropriate, or better calculated to rouse the young aspirant after knowledge to industry and perseverance in its pursuit, than a view of the history and growth of his favourite science. In this investigation he will find that, although the fact of the *progressive growth* of science will be established, yet, the world's historic page will present to him many inequalities, and some very dark and dreary spots. He will find that the muses have often had to change their seats, and have always fled from turmoil and bloodshed to the retired shades and arcadian groves of their favourite votaries.

"There is little doubt, but that the simple habits and diet of the earlier inhabitants of our earth,

"Their food the fruits, their drink the crystal rill,"

tended to endue them with robust and healthy frames, while their freedom from exciting passions, and all the tumult of more civilized and modern times, exempted them from many diseases which after generations were doomed to suffer. By degrees, however, for mutual protection at first, perhaps, to defend themselves from the prowling wolf or rapacious lion, they congregated together, and submitted themselves to laws for the comfort and good of the whole. With the blessings of peace and personal security, they soon found, however, commingled the seeds of disease and premature death. The former so increased in number, that the fable of Pandora's box became a fit emblem of their situation; hope alone remaining to cheer them amid their sorrows."

Dr. J. M. Warren's Rhinoplastic Operations.[1]

The pamphlet before us contains the details of three cases of Rhinoplastic operations executed by this skilful surgeon—the worthy descendant of one whose surgical reputation is not confined either to New England or to this country. We shall extract the account of his second case, inasmuch as it was performed not after the usual method, but after the strictly Taliacotian—the graft not being obtained, however, from the part mentioned by Hudibras.

"Case II.—The young man who was the subject of this operation had been affected for fifteen years with a very troublesome disease, which bears many of the marks presented by what has usually been described under that form of lupus, which proves destructive by interstitial absorption. The commencement of this affection was by a spot on the very tip of the nose, which gradually extended, becoming finally of a livid red colour, and having its surface covered by numerous elevations of a tubercular appearance.

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[1] Rhinoplastic Operations, with some remarks on the Autoplastic Methods usually adopted for the restoration of parts lost by accident or disease. By J. Mason Warren, M. D. (Republished from the Boston Medical and Surgical Journal.) 8vo. pp. 28. Boston, 1840.

In his ordinary state of health, and when perfectly quiet, the only sensation in the affected part was that of an uncomfortable heat and itching; but on the slightest derangement of the system, and upon any extraordinary exertion, particularly when engaged in his ordinary occupations, which are those of a farmer, an intense burning and stinging sensation was produced not only in the nose itself, but extending to the surrounding integuments, and this often so insupportable as to oblige him to desist from his work, and have recourse to some cold topical application, in order to gain a temporary relief. He has gone through a great variety of treatment, continued for a number of years, but without the slightest alleviation to his sufferings. A year since he had a caustic application made to the part, which destroyed the skin for the space of one or two lines, and the subjacent cartilage, the greater portion of the disease remaining undisturbed.

"He came to Boston under these circumstances, determined to have the part removed, and the loss of substance supplied by the Taliacotian operation. At this period the nose had a very pinched appearance, the skin being of an intense red towards the tip, and having in its substance a number of hard, tubercular bodies. A slight redness extended over the ala nasi of the right side. In the centre was a depression and loss of substance, where the caustic application had been made.

"He was seen, previous to the operation, by a number of medical gentlemen well informed in the diagnosis of diseases of the skin, and the only name which could be given to this affection was that which has been already stated; though it differed materially from lupus in many particulars, especially in its long-continued freedom from ulceration, the great suffering attending it, and the absence of any affection of the mucous membrane of the nose.

"The operation was performed on the 8th of April, in presence of Dr. Salisbury, Dr. Gordon, Dr. Mifflin, and some other medical gentlemen. The disease, which extended up as far as the nasal bones, was very carefully removed, and the cartilages below, not destroyed by the caustic, found to be in a perfectly healthy state.

"The dimensions of the flap necessary to supply this loss of substance were now carefully taken, and marked out on the fore-arm. The traces were made on the radial side of the left arm, about two inches from the styloid process of the radius, and extended over to the space midway between the bones of the fore arm. This flap was dissected up, including, with the skin, the subcutaneous cellular membrane, and was secured in its new situation, in contact with the face, by means of five points of the interrupted suture, the arm being firmly fixed in this position by appropriate bandages. An elastic tube was given to the patient, to use whenever he required to take nourishment—the mouth being so covered up as to prevent food being directly introduced into it. He was placed in bed, and supported in a sitting posture by means of a common bed-chair.

"I saw him in the evening, and found him much less disturbed than could have been expected, considering the very restrained position which it was necessary for him to maintain.

"On the following day, the 9th, there was some appearance of erysipelatous inflammation on the bridge of the nose; he had been pretty quiet, and had slept a little, but required constant watching to prevent him from slipping down and doubling himself up in the bed, to which there was a constant tendency. He complained much of a want of solid support to the elbow, and for this purpose a wooden apparatus was constructed and placed across the bed, which served as a firm resting place for the arm, and enabled him to maintain more easily the proper position. The pulse was 60, and throughout the whole period of his confinement it remained below the ordinary standard. On the 10th he complained less of his arm, but was exceedingly restless. During the day he was removed to an easy chair, and the change afforded great relief.

"The state of things varied little from that already described until the 5th day, the period appointed for separating the connection between the arm and face. On this day the base of the flap was divided, and a perfect adhesion was perceived to have taken place between the parts which had been placed in apposition.

"The wound in the arm was dressed, and a small portion of the skin which projected bound down in its place by adhesive straps. The irregular portions of skin being removed, a slight compression was exercised on the edges around the nostrils, by means of small strips of adhesive plaster.

"The arm, on being relieved from its confinement, was at first somewhat stiff, but not so painful as might have been expected, and what was not a little curious, obstinately refused to be raised up again to the position it had so long unwillingly occupied. This, in a great measure, arose from a loss of power in the flexor muscles, from want of exercise of their functions; in the course of a few days, however, it regained its healthy state of feeling and motion.

"By the 20th of April the newly transplanted skin had contracted to nearly the natural size, the line of union with the skin of the nose was perfectly lineal, all the abrupt and useless portions of skin on the lower edge of the nose had sloughed off, leaving a perfectly even and rounded edge to the nostrils.

"On the 23d I was surprised, on removing the green cot which covered the dressings, to find that the whole cuticle of the restored part had peeled off, leaving the surface quite raw and covered by the green colouring matter of the silk. This at first seemed a circumstance destined to embarrass the case and prolong the period of recovery, but in its termination proved of material benefit; a slight suppuration commenced, which brought down the skin to a natural thickness, and rounded off, in the most perfect manner, every inequality on its surface, and seemed also to melt the skin into the adjacent integuments so as almost to destroy the traces of the transverse line of union. A new cuticle rapidly formed, and by the end of the month he was quite well, and was presented at one of the meetings of the Society for Medical Improvement. The newly restored part still remains somewhat wanting in colour, but in all probability by exposure to air and sun, it will soon assume the appearance of the surrounding integuments. Even now it requires that attention should be particularly directed to the part, to show that any operation has ever been performed."

"Shortly after the above was written, the patient having exposed himself to the sun during a walk out of town, experienced considerable itching in the right ala of the nose, where, it will be remembered, there was a slight redness remaining. He came to me, very desirous to have the skin of this part at once removed, as he greatly feared that he might be troubled with it hereafter. He was also anxious that the experiment should be tried of cutting a piece of skin from the arm and immediately placing it in the wound to supply the loss of substance. Although I did not consider this part of the operation necessary, as the wound, in all probability, would have filled up by the granulating process, I yielded to his desire and made the attempt. The skin covering the ala nasi was removed so as to leave no appearance of redness remaining, and a piece of skin being immediately dissected from the fore-arm, was confined in the wound by means of lint moistened in blood, which answered a much better purpose than the common adhesive plaster.

"On removing the dressing, at the end of four days, a perfect union was found to have taken place."

MISCELLANEOUS NOTICES.

Connecticut Medical Society.—At the last meeting of the society held on the 13th of May, 1840, Dr. Silas Fuller was elected *President*, Dr. E. Middlebrook, *Vice President;* Dr. Archibald Welch, *Secretary*, and Dr. Luther Ticknor, *Treasurer.*

Louisville Medical Institute.—The annual catalogue gives the names and addresses of 204 students, who attended this institution during the last session. At the commencement, the degree of Doctor of Medicine was conferred on 39 gentlemen; after which a "few words of impressive exhortation" were given to the graduates by Judge Rowan, President of the Board of Managers; this was followed by a more extended "Doctorate Address" from Professor Drake.

In press, and shortly will be published—"*History of Embalming, and of Preparations in Anatomy, Pathology, and Natural History, including an Account of a New Process of Embalming. By I. N. Gannal, Paris,* 1838. *Translated from the French, with notes and additions, by R. Harlan, M. D. Philadelphia,* 1840.

This work contains valuable and interesting matter both for the general reader and medical student.

To a general history of the various methods adopted by different nations, for embalming the bodies of animals, is added a detailed account of anatomical preparations and injections both in a dried and fluid state. The information offered in these pages could only be obtained by referring to the works of numerous authors, some of them very expensive, and others not to be had in this country at all.

A personal acquaintance with Mr. Gannal, and a careful examination of the curious objects contained in his museum, preserved by the new process, enables the translator, to estimate at their true value, the extent and application of the discovery.

The original work consists of an octavo of 349 pages, and costs in Paris one dollar. The translation, with additions, will be sold at $1 25.

BOOKS RECEIVED.

From Dr. Welch.—Proceedings of the President and Fellows of the Connecticut Medical Society, in convention, May, 1840, with a list of the members of the society. 8vo. pp. 12. Hartford, 1840.

From Mr. Mercer, Librarian.—Annual Catalogue of the Officers, Students and Graduates of the Medical Institute of Louisville, for 1839–40. 8vo. pp. 16. Louisville, 1840.

From some other source.—The same.

From the Author.—Rhinoplastic Operations, &c. By J. Mason Warren, M. D. (See Bibliographical Notices.)

THE

AMERICAN MEDICAL INTELLIGENCER.

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For the American Medical Intelligencer.

Art. I.—CONTRIBUTIONS TO THORACIC PATHOLOGY.

BY G. W. BOERSTLER, M. D., OF LANCASTER, OHIO.

Lancaster, *June* 3, 1840.

I was requested a few months ago, by Doct. Har, a very intelligent young practitioner, to visit Mr. Locker, more on account of some "anomalous symptoms" than the apparent illness of the man. Locker, aged 27, strong and athletic, never having been sick, whilst engaged in the vocation of clearing his farm, was suddenly seized with violent pain in his left side—he retired to his "log cabin," and in a few moments so violent a fit of suffocation came on as to threaten rapid extinction of life. Doct. Har was sent for, and described to me the patient's state as follows:—great and alarming dyspnœa—skin cold and shriveled—profuse leakage from the surface, with a circulation slow but almost imperceptible. The exhibition of stimulants internally and externally alleviated the danger for the time. The next day the Doctor found the left chest dull on percussion, and heard distinctly the dropping of liquid upon change of position. Locker informed the Doctor that when seized in his field he heard something crack in his chest, and then felt the trickling of fluid. On my visit four days after his seizure, we found the integuments over the anterior surface of the left chest œdematous, extending to the neck—the veins of the skin full and turgid—left side one inch larger than right—intercostal spaces not obliterated—percussion dull over left chest throughout the infra-mammary region, anterior, lateral and posterior—upper portion clear and strongly manifesting the existence of air—the line of demarcation between the difference of resonance most clearly defined by the nipple. On changing the patient to the left side the fluid was distinctly heard by all in the room, indeed it could be heard four feet from the bed, giving precisely the sound of water poured out of a bottle—heart occupying the right cavity immediately under the mamma—its contractions undisturbed—first and second sounds clearly heard. The left lung above the mamma giving the morbidly clear sound of pneumothorax—vesicular murmur in this portion audible—bronchial râle absent. In all the region below the mamma nullity of respiration—cough and voice slightly metallic. Right chest—clavicular region—bronchial râle—vesicular murmur distinct—respiration somewhat puerile: infra-mammary region, vesicular murmur very inaudible—slight sibilant sound. Here we have all the physical signs of a triple lesion—the pneumothorax unequivocal and the effusion palpable—yet this man had no premonitions of disease—up to the morning of the attack he was in good health, and then only complained of a feeling of weakness until his seizure in the afternoon.

The treatment instituted and continued was hydragogue cathartics—strict diet and perfect quietude—the metal with squills was finally given until his gums were touched; in four weeks he recovered—the heart is in situ—lungs resonant, and health perfect. I full well know that recovery from pneumothorax with empyema is questioned, and the chances are infinitely against it; but this case would show the possibility.

G. W. Boerstler.

Art. II.—NOTES ON THE EFFECTS OF IODINE, AS A REMEDY FOR CUTANEOUS ERUPTIONS.

BY DR. KENNEDY, OF ASHBY DE-LA-ZOUCH.[1]

In many cases, most of them old both in standing and treatment, I have found the iodine a most efficacious remedy for those disorders of the excernent system which affect the skin, especially the vesicular and pustulous kinds. Such being my experience, I feel desirous of having the practice tested under the observation of others, with a view to its being rendered more extensively useful.

Sometimes, in mild cases and untainted constitutions, the iodine may be used internally without assistance; but, on all occasions, its external application requires to be accompanied by a course of medicines capable of acting on the skin, bowels, and kidneys, so as to improve their functions by its salutary effects.

As the nosology of these diseases must be familiarly known, it will be sufficient here to denote in a simple enumeration such of them as have yielded to the iodine under my instructions. These, then, in Dr. Good's nomenclature, are—

Exormia lichen.—For such of the lichenous rashes as prevail in this climate, the iodine should be exhibited internally with alteratives; and externally, in a tepid or warm solution.

Ex. prurigo.—For the pruriginous rashes, the external iodinated applications should possess considerable energy, and be often applied; with the internal remedies, a proportion of henbane, hemlock, or other anodyne, may be combined.

Lepidosis pityriasis.—For the dandriffs and branny scales, the iodinated lotions must be regulated in strength according to the patient's age: the solution of magnesia, with carminatives, will conduce to their efficiency.

Lep. psoriasis.—The dry scales require frequent ablutions with the remedy in a vigorous form, and its powers may be assisted by a general warm bath in saline mineral water, artificially strengthened with an iodinated impregnation.

Ecphlysis pompholyx.—The waterblebs, particularly when large, yield more readily when friction and generous tonics accompany the topical applications.

Ecph. herpes.—For shingles, ringworm, and the tettery vesicles, the iodine, both in solution and ointment, applied actively, will be materially assisted by the occasional interchange of poultices and emollient embrocations, for the removal of crusts.

Ecph. rhypia.—Blains are best prevented from degenerating into sordid or gangrenous ulcers by frequent gentle excitement of the parts with iodine, and this must be carefully supported by an energetic constitutional treatment.

Ecph. eczema.—Heat-spots, with their clustering vesicles, resist the iodine less obstinately when it is attended by a course of cooling alteratives, and a weekly warm bath in mineral water, wherein the chlorides predominate.

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[1] Lond. Med. Gaz., May 8, 1840, p. 260.

Ecpyesis impetigo.—All the running scalls have yielded to the iodinated treatment, and this proves most successful when the external applications are very frequent, but so modified as to stimulate the pustules without inducing excessive irritation; in these affections, the constitutional alterants should be as energetic as the system will admit.

Ecpy. porrigo.—The various scabby scalls require the strongest topical applications of iodine freely and assiduously repeated, with such a systematic internal use of the medicine as to promote its diffusion through the circulating fluids; for ascertaining this effect, the urine may be submitted to suitable tests.

Ecpy. ecthyma.—For the papulous scalls, the local applications must be adapted to the irritability of the system; but the iodine may be administered in free combination with tonic alteratives, so as to purify and invigorate the constitution.

Ecpy. scabies.—For the itches, in all their filthy forms, the iodine will be found an active and almost certain specific; it kills the parasite which originates the disease: the milder cases will yield to an iodinated lotion frequently applied, at the temperature most agreeable to the patient's feelings.

Malis, the cutaneous "invermination."—For the most troublesome kind of pedicular disease, the undiluted tincture of iodine constitutes a powerful and certain, but not disagreeable remedy; it should be continued for some time after the animalcules have disappeared, so as to insure the destruction of their eggs.

Four forms of iodinated medicine—Tinctura Iodinii Composita, Unguentum iodinii compositum, potassii iodidum, and liquor potassii compositus—were employed in treating the cutaneous affections here specified; the two former, as external applications; the two latter, internally as alteratives. The tincture may be applied to the worst parts in succession, in a concentrated or diluted state, by anointing them with it on a feather or hair pencil thrice in the day, or oftener, as indicated; and at bed-time they should be carefully smeared with the ointment, its proportion being regulated by their tenderness and extent. In the morning there will be advantage in gently washing them with tepid water and soap, before penciling them with the tincture; and at night, about twice in the week, they may be covered over the ointment, with a common emollient poultice; this removes the incrustations on their becoming firm, and soothes the sores when they happen to be congested and painful.

For an alterative medicine, the iodide of potassium or its compound solution may be administered twice in the day, in a bitter or other vehicle, with the aperients always at night. With these, the disulphate of quina or some preparation of iron, and occasionally, though seldom, the blue pill or calomel, with ipecacuan or other diaphoretic, may be exhibited in different combinations. At this place, and without impropriety, the question may be raised as regards the properties and effects here ascribed to iodinated medicine; may they not belong more properly to the other active remedies simultaneously administered? Without the iodine, however, these do not prove equally efficient; and, moreover, their results are uncertain, generally imperfect, often unprofitable, even when associated with the usual topical applications.

There is this advantage in the exhibition of iodine for the before-mentioned diseases, that, when the constitution remains sound or little impaired, with the alimentary system healthy, a free external application of the medicine will effect a cure, without assistance from other remedies. Although injurious effects have sometimes, though not often, supervened during the administration of iodine, yet, on such occasions, the inconvenience or suffering should rather be ascribed to an indiscriminate use of the drug, and to the neglect of guarding patients from the liabilities of peculiar constitutions. Iodinated medicines have been liberally prescribed by me, in hundreds of cases; nevertheless, not more than one instance of unfavourable symptoms has occurred, and these happened to a young hysterical female while being treated for a bronchocele or "full neck." She was naturally endowed with much irritability of the nervous system; and this, by her mismanagement of the remedies, was rendered the source of distressing muscular jerkings in the heart, face, and extremities.

Except on very delicate surfaces, or where the skin is abraded, the iodine excites only a transient smarting, and this very seldom becomes severe: should the pain grow intense, as a casual exception, the parts should be carefully fomented with warm water, which will mitigate the symptoms, by diluting or partially removing the medicine. Usually the iodine produces dry scales or crusts, without corrosion of textures. On inspecting the parts subjected to its action, the observer will perceive, with the assistance of his microscope, the impossibility of their being able to propagate the disease by contagion. If their morbid state is caused by a palpable substance, this will be destroyed; if it is an impalpable essence, its evolution will be counteracted by the topical iodinated applications.

When ringworm, the scalls, and other "outbreaks" on the head, are being treated, the hair should be constantly kept as short as possible, by cutting it frequently with thin bladed scissors: in many respects, this method is preferable to that of shaving the parts with a razor. Hair and organic textures get a yellow tinge from the action of iodine; but after its discontinuance, they soon and completely recover their natural colour.

There is good reason, from extensive observation and analogy, for concluding that, under suitable modifications, the iodine will prove an effectual remedy for nearly all the cutaneous disorders, particularly those which derive their local source and support from animalcular depredations. At the same time, every attention is essentially requisite, that proper internal appliances be instituted, with the twofold object of preventing a recession of the superficial malady to a deep-seated structure, and of sustaining the functions of vital organs in a state of vigorous activity.

Without adducing evidence in support of the statement, on the present occasion, my belief is, that most of the vesicular and pustulous eruptions on the skin, are produced and propagated by the "invermination" and incubation of animalcules, derived from the atmosphere and disseminated by contagion. My suggestion is, that patience and attentive observation be exercised in endeavouring, with iodinated medicine, to secure the extirpation of these parasites and their eggs from their burrows in the cutaneous structure; and my hope is, that, at no distant period, these detestable intruders will be detected by the ingenuity and perseverance of pathologists experienced in the processes of microscopical investigation.

ART. III.—EXSTROPHY OF THE BLADDER.

BY JOSEPH CURTIS.[1]

[The following case of monstrosity by defect is exactly like the two cases referred to in the first volume of the "Intelligencer," which are still in Philadelphia. We are persuaded that the malformation is of more frequent occurrence than is generally imagined. All the cases, it will be observed, are strikingly alike. Mr. Curtis is evidently not aware, that the case he has described is one of Exstrophy of the Bladder, for he has entitled it "Congenital deficiency of the urinary bladder; partial nonclosure of the linea alba; with epispadias."—ED.]

Sir—Seeing in the Lancet of last week the account of a case of congenital deficiency of the urinary bladder, I am induced to send you the following statement of a similar defect:—

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[1] London Lancet, May 9, 1840, p. 230.

January 27, 1840, Mr. Welchman, my assistant, attended a young woman during her confinement with her first child. The infant appeared healthy, but at the lower part of the abdomen was a tumour, which presented an irregular lobulated appearance; it was covered with a mucous membrane, and near its centre were two depressions, from which the urine oozed. These were probably the mouths of the ureters. The penis was at first somewhat longer than usual, but has since, as well as the tumour, much diminished in size. The corpus cavernosum and glans penis are well formed, but there is no prepuce. Along the dorsum of the organ is a groove having the appearance of the urethra, slit open, and extending the whole length of the penis, but there is no meatus. The scrotum and testicles are natural. The child appeared from irritation to waste for the first month, but by attention has recovered, and is now doing well.

JOSEPH CURTIS.

BIBLIOGRAPHICAL NOTICES.

Paine's Medical and Physiological Commentaries.[1]

In the present period of stagnation of literature—not medical only, but general—it is consolatory to see any one have the hardihood to publish two handsome and extensive volumes like those before us. The circumstance exhibits, on the part of the author and the publishers, a confidence, which we hope will not be disappointed, and which we can confidently say, after a perusal of several portions of the interesting contents of the volumes—ought not to be so.

The work consists of a series of essays respectively entitled, 1. The vital powers; 2. Philosophy of the operation of loss of blood; 3. The humoral pathology:—these constitute the first volume. The second is composed of six essays. 1. Philosophy of animal heat; 2. Philosophy of digestion; 3. Theories of inflammation; 4. Philosophy of venous congestion; 5. Comparative merits of the Hippocratic and anatomical schools; and 6. On the principal writings of P. Ch. A. Louis, M. D.

It may be said, that many of these subjects are not of a *practical* nature; and to those who regard the mere pouring of drugs, of which they know little, into a body of which they perhaps know less, this may be the fact. We trust, however, that at the present day, there are few such. Some there are, who doubt the utility of pathology, laugh at auscultation and percussion, and consider that no improvements have occurred in medicine of late years—because they have not instituted, or are ignorant of them. Such persons, likewise, may regard the dissertations before us as of but little value; but to the large mass of physicians of the day, who are anxious to improve their profession in the only way in which it can be legitimately and signally improved—that is by a proper attention to physiological, pathological and therapeutical principles, we can recommend them as essays replete with information, the perusal of which cannot fail to expand the mind and to lead to trains of thought pregnant with benefit to the professional reader himself, and, through him, to the community.

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[1] Medical and Physiological Commentaries. By Martyn Paine, M. D., A. M. In two volumes, pp. 716. 815. New York, 1840.

On many of the subjects, our views are by no means in accordance with those of Dr. Paine, but his essays have not been the less welcome on that account. He is liberal, well read; argumentative and candid; and his volumes exhibit, that his attention has not been directed merely to medical lore; but that his literary qualifications are ample also.

In his preface, the author remarks, "it may be thought that our articles on the philosophy of the operation of blood-letting, the pathology of venous congestion, and the humoral pathology, are too much extended. But as the two first of these subjects have received no attention from authors, we felt it necessary to illustrate our doctrines by a wide range of observation."

Surely, the intelligent author does not mean to convey the idea, that he is the first to treat of "the philosophy of the operation of blood-letting." We admit, that *ex professo* essays on the subject are rare; yet we had fancied, that we ourselves had added an humble contribution on this subject some years ago, and in a volume, which the author has done us the honour to cite, but which—as respects this topic—has not attracted his attention, (General Therapeutics, p. 396 to 428.) There are likewise other essays to which we could refer him.

Certain of the author's opinions we shall doubtless have occasion to advert to hereafter: in the meantime, we advise all to peruse the work for themselves, which contains a vast fund of information agreeably conveyed.

Marshall on Enlisting, by Ruschenberger.

This interesting work, which is now in course of reprinting in the "Library," is from one of the most experienced of the medical officers in the service of Great Britain, in which he holds a distinguished rank. Prefatory notes will be added by one of the best informed and experienced officers of our own navy—Dr. Ruschenberger—whose additions to the literature of his country are doubtless familiar to our readers, and whose attention has necessarily been much directed to whatever concerns the medical department of the service of which he is one of the ablest supports.

MISCELLANEOUS NOTICES.

New Medical Journal in Boston.—We see, by advertisement, that it is proposed to issue, early this summer, the first number of a monthly journal to be entitled "The New England Journal of Practical Medicine and Surgery." It will consist, as usual, of original articles, critical notices, selected articles, and general intelligence; and it is contemplated, as far as possible, to render available to the profession, through its columns, "the valuable information that may be obtained from the various public institutions in this city (Boston) and vicinity."

The editors are H. G. Wiley, M. D.; and B. E. Cotting, M. D., "who have been promised the co-operation and assistance of many of the leading physicians and surgeons in the city."

We wish this new adventurer in the field of science every success.

On the use of the essential oil of turpentine in the treatment of iritis.—By John Foote, Jun. Esq.[1]—Mr. Foote believes that turpentine acts, in these cases, by inducing irritation in the mucous membrane of the intestinal and urinary canals. He quotes and approves of Mr. Carmichael's formula for its administration.

℞. Olei terebinthinæ rectificati ℥j, vitellum unius ovi; tere simul, et adde gradatim emulsionis amygdalarum ℥iv., syrupi corticis aurantii ℥ij., spiritus lavandulæ compositi ʒiss., olei cinnamomi guttas tres vel quatuor. Misce; sumat cochlearia larga duo ter de die.

In a few cases it has been necessary to increase the quantity of turpentine to an ounce and a half or two ounces in the above mixture, the other ingredients being proportionally diminished, so that a dram and a half or two drams of it may be taken each time; but, in general, when administered to the extent directed in this formula, it has very seldom indeed failed, though extensively tried, and in very urgent cases.

Mr. Foote relates five cases, all of which occurred at the Westminster Ophthalmic Hospital. They tell, more or less, in favour of the medicine. Perhaps the case we shall introduce is as strong that way as any.

Case.—Wm Chalfont, ætat. 18, admitted July 21, 1829, with syphilitic iritis of the eye. He reports himself to have had sores on the penis some time since. He has now a copper coloured eruption (the lichen syphilitica) very plentifully on the back and arms, accompanied with nocturnal pains in his shin bones. He has not had a sore throat, nor has he taken mercury. His eye has been inflamed for three days, and he suffers severe circum-orbital pain, especially at the lower part: vision is also considerably impaired. The iris is much changed in colour, and is immoveable: pupil regular: conjunctiva inflamed: and the vessels of the sclerotic are of a pink colour, and very numerous round the margin of the cornea, forming a beautiful zone, with a white inner circle immediately surrounding the cornea.

℞. Olei terebinthinæ drachmam: capiat æger ter in die.

22d. Has taken his medicine regularly: makes water more frequently, but without any pain: urine high coloured. He suffered much pain in the eye last night, from which he is now quite free. The iris is not so much discoloured, but the vascularity of the conjunctiva and sclerotica is just the same as yesterday. Says the medicine makes him feel sick. Continue.

23d. The circum-orbital pain is as severe as ever, but the inflammation is lessened and vision is improved. He complains of great pain in the glans penis during micturition: urine bloody and turbid. Pergat. Habeat infusum lini ad libitum.

24th. Pain round the eye not diminished: the iris is becoming irregular, and more changed in colour, with small globules of lymph adhering to its surface. He has frequent calls to empty the bladder: urine bloody on voiding it. He suffers extreme pain in the hypogastric region, extending also along the urethra to the glans penis. Let him be cupped to ten ounces from the temple, and continue his medicine.

25th. Would not be cupped, and did not take his medicine yesterday: he sees better, and does not complain of any pain: the vascularity is not so great: the strangury continues severe. Pergat in usu olei terebinthinæ et infusi lini.

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[1] Transactions of Med. Bot. Soc. of London, and Medico-Chirurgical Review, April, 1840, p. 487.

28th. Had a purgative on the 26th. Has not taken the turpentine regularly since the last report: he has not any pain in the eye. and vision is quite restored. The urinary organs continue highly irritated: the eruption is paler. Instilletur gutta solutionis belladonna. Habeat pulveris jalapæ compositi drachmam.

30th. The strangury is lessened: the eye continues free from pain, but the vascularity is not removed: the iris has nearly regained its colour, but is irregular. Let him re-commence the turpentine.

The terebinthina was used for a short time with decided advantage; he again omitted it too soon, and was obliged to resume it. When discharged, the redness had disappeared, the iris had regained its natural colour, and the pupil was regular.

We conceive there can be no doubt that, in ordinary cases of iritis, calomel and opium are the best remedies. But in certain instances their use may be precluded by constitutional peculiarity, or by cachexia, and the knowledge of another remedy, inferior though it may be, is useful. Turpentine appears to be such a medicine. Not comparable, under common circumstances, with mercury, it is still possessed of some degree of efficacy, and may at times be given with advantage.

Prosecution of a patient by her doctor in France.[1]—The following curious case affecting *doctors* was recently decided by the court of cassation, the highest judicial tribunal, we believe, in France. It appears that Professor Mojon of Geneva had in 1833 engaged to give his professional services to the *Baroness Feucheres* and her household, during his entire life, on the express condition that she agreed to assure *à perpetuité* to him, his children, and their descendants in a direct line, an annual sum of 10,000 francs —with the permission to her of at any time annulling it by a payment of 200,000 francs at once.

M. Mojon had in consequence been induced to quit Geneva, and to take up his residence at Paris. The parties continued to fulfil their mutual engagements up to 1837, at which period the *Baroness*, without assigning any reasons, thought proper to *break* with the doctor.

He cited her forthwith before the *Tribunal de Premiere Instance*, who at once decided in his favour. The Baroness thereupon appealed to the *Cour Royale de Paris* against this judgment; but again she failed; not only the judgment of the lower court being confirmed, but all expenses being allowed to Dr. M.

The lady, however, was resolved to try the chance of law once more. So she carried the case before the highest tribunal, in the hope of obtaining the *cassation* or reversal of the verdict. The grounds of this appeal were that the engagement, into which Dr. Mojon had entered, involved a violation of the 1131, 1133, and 1780 articles of the civil code, in which it is expressly laid down, "it is forbidden to any one to contract an obligation by which his independence and liberty are alienated."

The Advocate General, who was employed by Dr. M. as his counsel, very ably argued that such a prohibition could not possibly be shown to extend to such an agreement as that which had been entered into between his client and the defendant. The article 1780, which forbids any one to engage their services for life, is applicable only to workmen and domestics, and certainly not to the members of so honourable a profession as that of medicine.

Again, the article 1781, which lays down the obligations of a *master* in reference to the payment of wages or salary, cannot surely be made to embrace the claims of a physician or surgeon for their professional services: for how can any one, who employs a medical man, be said to be his *master?*

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[1] Gazette Médicale, and Medico-Chirurgical Review, April, 1840, p. 523.

For these and many other similar reasons, the appeal of the Baroness was again rejected; the contract between her and Dr. M. was confirmed; and she was condemned to pay all expenses.

We have heard that the Baroness has subsequently summoned Professor *Mojon pour lui donner les soins assidus qu'exige l'etat de sa santé.*

M. Gendrin's Theory of Menstruation.[1]—The following extract, from the recent systematic work on Practical Medicine, by M. Gendrin, will explain his views as to the cause or nature of the menstrual function.

"The observations, which we have presented to our reader's attention, necessarily lead us to modify very essentially the hitherto received opinions on the subject of generation in women. They tend to establish that, during the whole of that period of life when the capability of conception continues, there is a constantly successive development of vesicles and ovula in the ovaries—that, at each epoch of menstruation, a vesicle having reached the surface of the ovary becomes the seat or focus of a peculiar organic action, in which all the organs of generation partake—and that the result of this action is the rupture of the vesicle and the loss of the non-fecundated ovum, either by ovarian destruction or by uterine expulsion.

"The recent observations by *Valentin*—according so well with, and therefore confirming, our deductions drawn from physiological considerations—have shown that the Graafian vesicles contain or inclose an ovulum, in which are found all the essential parts of a human ovum.

"As we find at the same time in the ovarium vesicles in various degrees of development, we cannot well doubt that they exist there only during a limited time or period, from their origin to their spontaneous rupture, which takes place whenever their increase and that of the ovulum are completed. This rupture takes place regularly, at stated intervals, by an organic action, one result of which is the menstrual secretion."

Dr. *Negrier*, professor of midwifery in the medical school at Angers, has written, we observe, a letter to one of the French periodicals, in which he claims the priority of authorship in respect to the preceding views on menstruation. His words are:—

"The researches of M. Gendrin have led him to believe that the menstrual flux is the result of a periodic and regularly recurring congestion, which takes place every month in the ovaries.

"This doctrine I have taught in my lectures ever since the year 1830, and I have repeatedly shown to my pupils the successive evolutions of the ovarian vesicles from their earliest development to their final rupture, as well as the condition of the uterus at its different phases."

On Arsenic in the bones of the human body.[2]—M. Orfila recently submitted the results of some researches on the above subject to the Royal Academy.

The following is the method by which he has succeeded in detecting the presence of a minute portion of arsenic in human bones, in a natural state.

The bones are to be first calcined, but not by too high a heat, and they are to be carefully preserved from any contact with the fuel employed. The pulverised mass, being previously sifted, is to be treated with *purified* sulphuric acid; the mixture is then to be introduced into Marsh's apparatus. Spots or stains of arsenic, having a brown colour, and a metallic brilliancy, will soon be perceived on the sides of the vessel.

M. Orfila has succeeded in detecting minute portions of arsenic in the bones, not only of the human adult, but also of the sheep, ox, and horse.

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[1] Gazette Médicale, and Medico-Chirurgical Review, April, 1840, p. 515.

[2] London Medico-Chirurgical Review, April, 1840, p. 542.

Hitherto he has never discovered any traces of its existence in any of the soft parts of the animal body.

He seems, however, to believe that there may probably be a very small portion in muscular substance, although hitherto he has quite failed in detecting its traces. Some of the appearances, however, observed during its slow distillation have been not unlike to those which are known to proceed from the presence of arsenic.

On incontinence of urine in children.[1]—*Treatment.*—The late Baron Dupuytren, and also MM. Baudelocque and Guersent have recommended the use of cold shower-bathing as one of the most effectual remedies against this most annoying and frequently most obstinate complaint.

M. Lallemand, of Montpelier, has great confidence in aromatic bitters to which a small portion of brandy has been added, followed by active friction of the loins.

Underwood recommended the use of sea-bathing, of dry cupping, of blisters on the sacrum, and of electricity.

As internal medicines, the Spanish fly and the nux vomica have been unquestionably the most efficacious. The preparation of the latter, which has been most successfully used, is the extract in doses of from half a grain to four grains in the course of the day. The following two cases may be read with interest.

Case I.—A girl, 12 years of age, had been affected from her infancy with incontinence of urine, her general health being unaffected all the time. It would seem that no remedial means had ever been tried.

Dr. Ramaugé, who accidentally saw the girl at a house where he was visiting, recommended her to take one of the following pills, along with a wine glassful of infusion of quassia, three times a day :—

℞. Extracti nucis vomicæ gr. viii.
Oxydi ferri nigri ʒi.
Pulv. quassiæ ʒi.
Syrupi absinthii q. s.
In pilulas xlviij. divide.

A tonic nourishing diet was ordered, and also a glassful of wine two or three times a day. By persevering in this course for a month, the patient was quite relieved from her distressing malady.

The treatment was, however, continued for another month; and at the date of the report there had been no return of the complaint for upwards of a year.

Case. II.—A boy, ten years of age, had long been affected with nocturnal incontinence of urine. During the day he had very frequent calls to urine, the bladder being unable to retain only a very small quantity at a time. He was ordered an infusion of quassia and half a grain of extract of nux vomica in four pills during the course of the day. After three weeks' employment of this regimen, the boy could very sensibly retain his urine a great deal better, the calls being much less frequent. A blister was applied upon the sacrum, and a cold aromatic bath was to be employed twice a week. In the course of a fortnight, the nocturnal incontinence had quite ceased, and the patient continued well for six months.

Closure of the right side of the mouth.[2]—*Operation.*—M. H., aged 22, was admitted, Oct. 22, 1839, under the care of Mr. Liston. About a year ago she was knocked down in a quarrel, and a man jumped upon her with both his feet, causing an extensive wound of the right side of the mouth and upper lip, and a fracture of the jaw. She went to St. Thomas's Hospital; her jaw was put up tight with bandages, and when it was undone the external wound and the right side of the mouth were found united.

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[1] Journal des Connoissances Médicales, and London Medico-Chirurgical Review, April, 1840, p. 542.

[2] London Lancet, May 9, 1840, p. 242.

23d. Mr. Liston removed a triangular piece of skin, forming the cicatrix, from the right side of the mouth, dissecting it off from the mucous membrane of the mouth; this was then divided to the extent of the external wound, and water-dressing was applied until all oozing of blood had ceased. About five hours after the operation the mucous membrane was united to the edges of the skin by three sutures, and being turned out and longer than the external skin, formed at once a prolabium, and prevented the union of the incision.

23d. The sutures have been removed, and the water-dressing applied.

28th. The wound is healing; the mucous membrane of the mouth, which was turned out, has united to the cut edge of the skin, and prevented the internal part of the wound from being again united; the external part of the incision is slightly suppurating.

The patient has been doing well, and was discharged cured some time since.

Dislocation of the Humerus.—Cure of an old dislocation of the humerus by division of the pectoralis major, latissimus dorsi, teres major, and teres minor muscles.—By Professor Dieffenbach.[1]—Herr T——, a large landowner, upwards of thirty years old, had his right shoulder dislocated two years ago by a fall from his horse; the nature of the accident was not at first recognised, and afterwards, though all the usual means were adopted by several surgeons, the bone could not be returned to its place. The patient, therefore, came to Berlin; he was of a gaunt, powerful form, with a pale complexion and but little fat, and his muscles were strong and prominent under the skin. The injured right shoulder was an inch higher than the left; the acromion formed a sharp angle; on the outer side the shoulder was deeply hollowed, and the scapula lay flat. The right arm was thinner than the left, and stood out far from the body. The head of the humerus lay on the anterior side of the chest, close to the clavicle, and two inches from the upper portion of the sternum. The patient had a constant sensation of cold in the limb, and the creeping which he had formerly felt had ceased. The pulse in the right radial artery was rather weaker than that in the left. The limb was useless, and only the hand could perform some slight actions.

By moving the arm in different directions, severe pain was produced in the part where the head lay, surrounded by a thick wall of dense ligament, into which it had worked itself. In drawing the arm outwards from the body, the pectoralis major, latissimus dorsi, teres major, and teres minor became tense with extreme pain. The last three of these muscles felt hard and tense, even when the arm was not drawn outwards. An attempt to reduce such a dislocation without dividing these muscles and the new joint would have been extremely dangerous, and had been found impossible; but (says the professor) I anticipated success from the subcutaneous division of every thing that resisted me.

The patient being placed on the table, with one folded sheet passed under the right axilla, and held by six assistants, another fastened round the right hand and held by six more, and a third round the upper part of the humerus held by three more (in the manner usually adopted by me in old luxations), the two first sets of assistants were ordered to pull against each other. I next bade them make a slowly-increased extension, and then stop;

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[1] Medicinische Zeitung, and Foreign Medical Review, Dec., 1839, and Lond. Lancet, May 9, 1840, p. 250.

I then passed a small scythe-shaped knife through the skin, and divided the most tense portion of the pectoralis major close to its tendon, which yielded with a cracking sound. I then again introduced the knife at the posterior border of the axilla, and divided one after the other the latissimus dorsi, the teres major, and the teres minor. All these muscles gave way with a cracking noise, which was increased by the resonance of the chest. I next passed my knife into three places by the head of the humerus, and divided in a similar manner, under the skin, the dense and hard false ligaments which surrounded the new joint, and, lessening the extension, I loosened the head by a few rotations.

A powerful extension was now again commenced on both sides, and the three assistants behind the patient pulled suddenly, while I conducted the humerus towards the joint into which it slipped on a sudden, without again springing out. One shoulder looked now just like the other. The thorax, the shoulder, and the arm were enveloped with bandages which were soaked with paste, and after a few hours they all became dry and hard, and prevented any motion of the right side.

The bleeding from the wounds, which were not larger than those made in phlebotomy, was at most a few drops. No unpleasant symptoms ensued, and the patient suffered even less than the majority of persons in whom I have reduced old dislocations. On the ninth day I took off the bandage; both shoulders had exactly the same level and form, and there was neither swelling nor pain. The punctures in the axilla had completely healed, and scarcely a trace of them could be found; there was no collection of blood or pus. The arm was already capable of motion, and its actions were far less hindered than they are sometimes after the reduction of a recent dislocation; because in them there is often for a long time a sensitive contraction of the unnaturally stretched muscles, while in this case the division of the resisting muscles and of the newly formed joint not only rendered the reduction possible, but at the same time diminished its after consequences. The limb is now again restored to perfect utility.

M. Müller's results on diabetic blood, obtained by venesection.[1]—Twelve ounces of the blood gave

	oz.	dr.	gr.
Chloride of sodium,	0	0	24.5
———— potassium,	0	0	13
Sulphate of potash,	0	0	9
Carbonate of potash,	0	0	17
———— lime,	0	0	6.75
———— magnesia,	0	0	9
Phosphate of magnesia,	0	0	10
Carbonate of soda,	0	0	11
Phosphate of soda.	0	0	0.5
———— iron,	0	0	22.25
Sugar,	0	1	5
Albumen,	1	3	27
Hæmatosin,	1	5	24
Liquid fat,	0	0	19
Crystallizable fat,	0	0	33
Fibrin,	0	0	26
Extractive matter,	0	0	22.5
Carbonate of lime,	0	0	7.5
Water,	8	1	33
	12		

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[1] London Lancet, May 9, 1840, p. 253.

Action for Libel.—Syme v. Lizars.[1]—Mr. Syme, who, our readers are probably aware, is Professor of Clinical Surgery in the University of Edinburgh, recently brought an action for libel against Mr. Lizars, Professor of Surgery in the College of Surgeons. The following is the article complained of, and is contained in Lizars' System of Surgery, Part II:—

"In every operation about the anus, however unimportant it may seem, the operator cannot be too careful in averting hemorrhage, as many have died from such neglect. This was the fate, indeed, of a respectable apothecary in this city. Nor is it improper, as an additional warning, here to mention another case, which was under the care of our Professor of Clinical Surgery a few years ago. He operated on a gentleman, for a slight fistula in ano; left the part inadequately defended, and dreadful hemorrhage ensued. The professor was sent for, arrived, groped about in the anus with his knife, *searching for a needle in a hay rick*—I mean, for a blood-vessel to be tied. Meantime, the life of the patient was saved by *deliquium animi;* but to this day the wound remains unhealed, and the unfortunate man a miserable, nervous invalid, from the excessive loss of blood."

The damages were laid at £1000.

The defence consisted in denying that the passage was false, calumnious, or injurious; or that it was written with the intent of imputing want of skill to Mr. Syme, or with a wish to hurt his good name and reputation. It was then admitted, on the part of the defendant, that he had been misinformed as to Mr. Syme being the party who "groped about" for the vessel; because, though sent for, he was not to be found.

The Lord Justice Clerk summed up, giving an opinion in favour of the prosecutor; to whom the jury, after retiring for a few minutes, awarded £50 damages.

Nerves of the upper extremities.—By James Douglas, Lecturer on Anatomy, Glasgow.[1]—One of my students this forenoon was dissecting the superior extremity, and asked me to point out to him the nerve of Wirsberg, as it was not, he said, mentioned in his book. On looking at his book, Quain's Anatomy, it is not so much as mentioned; and, in Harrison's Dublin Dissector, the best manual with which I am acquainted, and which I recommend to all my students for their companion at the dissecting table, it is not described; but the name of the nerves of Wirsberg is applied to the two, or sometimes three branches, which come off from the second, third, and fourth intercostal nerves, at the greatest lateral projection of the ribs, and generally lose themselves on the skin which shuts up the base of the axilla. These are more properly called the intercosto-humeral nerves.

The nerve in question is described by Sir C. Bell, in the second vol. of his Anatomy, p. 574—a book which is not in general very minute in its details, though it has many other valuable qualities. It is there called the nerve of Wirsberg. I forget who gave it the designation of the *cutaneous minor*, by which I am accustomed to demonstrate it.

In the subject looked at to-day, it arises from the lower of the three divisions of the brachial plexus—from the same root as the internal cutaneous and ulnar, internal to which last it lies. It runs down along the inner side of the basilic vein beneath the fascia, perforates it about a hand's breadth above the elbow, and divides into two branches, one of which runs in front of the inner condyle, and the other, rather larger, behind it, and both lose themselves in the skin a little below the elbow. In some subjects I have seen its origin very small from the axillary plexus; and then it derived an additional root from some of the intercosto-humeral nerves.

When writing, at any rate, I may add a remark on a set of muscles said to have been discovered by some German, and noticed in one of the numbers of the Gazette last winter, under the name of *Rotatores dorsi.* I must confess that, when I read it, I disbelieved their existence, from what I knew of the structure of the dorsal spine, where rotation is impossible, on account of the form of the articulating processes of the vertebræ, and on account of the ribs being superadded. Nothing, however, is too absurd for a German periodical.

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[1] Lond. Med. Gaz., May 8, 1840, p. 281.

[2] Lond. Med. Gaz., May 1, 1840, p. 228.

If the *multifidus spinæ* be dissected away with care, its deepest fibres will be seen arising from the lower edge of the arch of one vertebra near its spinous process, and passing obliquely down to be inserted into the root of the transverse process of the one below; but these have no more claim to be considered distinct muscles than the outer fibres of the lower fasciculi of the same muscles have, which pass over one, or sometimes two transverse processes, before being inserted.

Premature labour artificially induced in a Dwarf.—By M. Dubois.[1]—The subject of this case is a dwarf, æt. 23, 3 feet 2 in. 9 l. high, whose father was only 3 feet 6 in., but whose mother was of ordinary size. These, her parents, had six children, of whom three were dwarfs. Two years ago, M. Dubois attended her in her first labour; when he was called in she had then had pains for 48 hours; on the previous evening she had had convulsions, and she lay in a kind of stupor in a *cradle.* The labour appeared in an advanced stage, for the child's head could easily be felt in the hollow of the pelvis; but further than this it could not pass, and the forceps could not be applied. The child was evidently dead, and M. Dubois, therefore, perforated the head, and it passed on to the vulva. Here, however, there was a fresh difficulty, for the vulva was narrow in correspondence with the stature of the individual. Happily, it soon enlarged spontaneously by a rupture which passed backwards and on one side towards one of the ischia, and the labour was terminated. The child, without its brain, weight 5½ lbs; its length was 7½ inches. The patient went on satisfactorily after the labour, and soon recovered. The state of stupor in which she was at the time of the accouchement almost prevented her feeling the pains.

Last year, she again became pregnant; but this time, (says M. D.) in conformity with my recommendation, she came to announce it to me early. She had, when she came to me, been pregnant since about last June; and I found by the examination of the pelvis, that its diameters were not proportioned to the presumed dimensions of the fœtal head, for the pubo-coccygeal was not more than three inches.

Admitted to the obstetric clinique, we found on examination, that the uterus was but little developed and the fœtus small. In February, she was in the eighth month of her pregnancy; and the abdomen then enlarged considerably in the space of a few days, so as to cause some fear that the accouchement might be rendered difficult by a superabundance of liquor amnii. Having decided on inducing premature labour, I had to choose between rupture of the membranes, dilatation of the neck of the uterus with prepared sponge, and the administration of the ergot; I decided on the two last. The patient having taken a bath, was placed on the edge of the bed, and a speculum was introduced; a portion of prepared sponge, an inch long, and cut in the form of a cone, was placed in the neck of the uterus, and over it another moist sponge to keep it in its place; they were fixed by a thread, and six grains of ergot of rye were administered. The patient was then put to bed. Four hours after, she felt strong pains, and was in active labour; it appeared indeed to be going on so rapidly, that I withdrew the sponge. At nine in the evening, there was a full protrusion of the membranes, and I ruptured them and found that the buttocks presented. The fingers were applied on the haunches to facilitate their exit; the head remained at the superior aperture; drawing downwards a few times, and movements of flexion, brought it into the hollow; and at last it came out entirely. The child breathed immediately; it was 15 inches long; the biparietal diameter was 3 inches; the occipito-frontal 3 inches and 2 lines: it weighed 3 lbs. 12 oz. The size of the child was therefore small: yet it was not a dwarf. The mother nourished it for a few days, but the secretion of milk soon ceased; on the twentieth day the woman was perfectly recovered.

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[1] Gazette Médicale, Mars 14, 1840, and Lond. Med. Gaz., May 1, 1840, p. 237.

M. Dubois adds some details as a supplement to this history. The father of the child is a man of ordinary stature; he is about 5 feet 7 inches high. The first sexual connections were very painful: but the periods of pregnancy were easy.

Nothing is more rare than the accouchement of dwarfs: for there is but a single authentic fact, which is related in the work of Geoffrey Saint-Hilaire. The woman, who was to have been confined at London, died. It is to be observed, that the child of this woman is not a dwarf: dwarfs are born much smaller. The mother herself was born extremely small; she passed all her infancy on a table seated on a cushion. There is but one exception to this rule, an English dwarf exhibited in 1770; he was born of the usual size, but at the age of one year his growth was suddenly arrested.

I have, of course, no need to justify the measure which I adopted in this case. It cannot be compared with an operation, of which the result would be to sacrifice the mother or the child, or both at once. More than two hundred cases that have now come to my knowledge, prove that the plan I adopted is not so serious a thing as might be imagined; half the infants, and an immense majority of the mothers, have survived it. Still, the cæsarean operation is certainly not in all cases to be superseded by the production of premature labour; each of these operations, as well as the division of the symphysis, and embryotomy, has its own special indications.

Successful treatment of a congenital umbilical hernia.—By Professor Cederschjold, of Stockholm.[1]—The umbilical ring was open in this case, and had probably a diameter at least of an inch, through which the intestines, covered only by peritoneum, protruded, and formed a mass as large as a fist. The umbilical cord came out from the most prominent part of the tumour. The protruded intestines could not by gentle pressure be returned into the abdominal cavity through the ring, and it was by chance discovered that they were full of meconium, which the child had not yet evacuated. A laxative medicine was therefore ordered to be introduced, before the intestines were replaced. Five teaspoonfuls of castor oil were given before the bowels acted; the hernia then became soft; and by placing the child on its back, its reduction was easily accomplished. The sac, consisting of the peritoneum only, being emptied, a ligature was tied close to the umbilicus, which falling off after 14 days, the navel was found completely healed, and just like that of a healthy child.

Medical department of Kemper College, St. Louis.—A new school of medicine has been institutsd at St. Louis, which will go into operation in the fall. The following gentlemen constitute the Faculty.

Joseph N. M'Dowell, M. D., (late Professor of Special and Surgical Anatomy in the Cincinnati College,) Professor of Anatomy and Surgery; J. W. Hall, M. D., (late of Kentucky,) Professor of Theory and Practice of Medicine; Hiram A. Prout, M. D., (late Professor of Chemistry and Botany in Lagrange College, Ala.,) Professor of Materia Medica and Medical

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[1] Schmidt's Jahrbucher, and Lond. Med. Gaz., May 1, 1840, p. 238.

Botany; John S. Moore, M. D., (late of Tennessee,) Professor of the Institutes of Medicine and Obstetrics; John De Wolf, M. D., (late Professor of Berkshire Medical School,) Professor of Chemistry and Pharmacy.

By order of the Board,

Geo. A. Underhill, *Secretary.*

Magendie on the physical phenomena of life.—A translation of this interesting work is in course of preparation for the "Library," by Dr. Benjamin Dennis, of Cincinnati.

Simulation of disease.[1]—Some diseases or disabilities, such as deafness stammering, are much more easily feigned than others, and, consequently, the imposture is more difficult to detect. In all diseases of which the symptoms are obscure, periodic, or intermitting and uncertain, much care should be taken not to come to a wrong conclusion. "Melancholy instances," says Mr. Malcolmson, "have come to my knowledge where men have died in making exertion above their strength, after having been looked on as malingerers." Some diseases are not indicated by a change of the pulse, or by any remarkable alteration of the body, or evident derangement of its functions; and it ought to be recollected, that patients suffering under real disease are apt sometimes to exaggerate their lesions. A malingerer is constantly prone to overact his part; but the inventing of symptoms is a much more difficult operation than frankly to state the feelings. Two soldiers were transferred to the hospital in Dublin, to be discharged, in consequence of alleged incurable disabilities. The designation of a disease was affixed to each name; but the appearance of the men indicated little, if any, derangement of the body. The medical officer made them stand up together, and requested one of them to describe his complaint, which he did very minutely. By his account, it appeared that he suffered under disease from the head to the foot. The other man was then asked, "what is the matter with you?"—"*The same as this man*," was his reply. He was evidently not prepared with a set of symptoms, and, without perceiving the trap, instinctively availed himself of the ingenuity of his fellow impostor. They were sent back to the corps; "but I have no doubt," says Mr. Marshall, relating to the anecdote, "that each of them succeeded eventually in *working out* a discharge."

BOOKS RECEIVED.

From the Author.—Medical and Physiological Commentaries, by Martyn Paine, M. D., A. M. 2 vols. 8vo. pp. 716, 814. New York, 1840. (See Bibliographical Notices.)

From the Publishers.—Treatise on the Physiological and Moral Management of Infancy. By Andrew Combe, M. D., Fellow of the Royal College of Physicians of Edinburgh, Physician extraordinary in Scotland to the Queen, and Consulting Physician to the King and Queen of the Belgians. With notes and a supplementary chapter. By John Bell, M. D., Lecturer on the Institutes of Medicine and Medical Jurisprudence, Fellow of the College of Physicians of Philadelphia, and Member of the American Philosophical Society, &c. 12mo. pp. 307. Philadelphia, 1840.

From the Author.—Psychology; or a view of the Human Soul; including Anthropology, being the substance of a course of lectures delivered to the junior class, Marshall College, Pennsylvania. By Frederick A. Rauch. 8vo. pp. 388. New York, 1840.

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[1] London Lancet, March 7, 1840, p. 902.

THE

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Art. I.—COAGULATION OF THE BLOOD FIFTEEN HOURS AFTER DEATH.

BY THE EDITOR.

From a late number of the Bulletin of the "Proceedings of the American Philosophical Society," (No. 12, for May, June and July, 18mo. pp. 216,) we extract the following notice.

> "Dr. Dunglison gave the particulars of a case in which blood that flowed, on dissection, from the arteries of the brain, coagulated fifteen hours after the death of the individual.
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> The patient died after a severe agony, and after an illness of some duration, for which mercury had been administered so as to affect the system freely. On opening the head the arteries of the brain were found turgid with blood, and on removing the brain the blood flowed from them and coagulated.
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> Dr. Dunglison made some remarks on the singularity of this phenomenon, and its relations to physiology and medical jurisprudence, and stated that it completely overthrew the views of those who believe that the blood is either possessed of a vital influence or receives some influence from the living vessels that contain it, which maintains its fluidity, and that so soon as it is removed from these influences it coagulates or dies. In this case the blood remained fluid, and coagulation took place fifteen hours after the total cessation of respiration and circulation, and after the blood had become cold; circumstances showing that the phenomenon is wholly physical in its nature."

Of this case we had not an opportunity of seeing any thing until after death; nor was an accurate history of it attainable. The patient had been delivered about a month previously, and had suffered under symptoms, as it was believed, of peritonitis, for which she was bled generally and locally, and had taken small doses of calomel, which produced severe salivation with considerable ulceration of the gums. Two or three days before her dissolution she was affected with diarrhœa, with heat and dryness of skin, quick and feeble pulse, and considerable stupor, passing her urine and fæces involuntarily. Under these symptoms she gradually sank.

It was especially in consequence of a very offensive discharge from one of the ears, that we suggested the propriety of examining the head with the view of discovering whether the patient had died of cerebral otirrhœa, when the phenomena above described were noticed, but there was no evidence of encephalic inflammation originating in the disease of the ear.

Although the fact, that blood may remain fluid in the vessels for a considerable time after death, and coagulate when removed from them, has been noticed before,[1] it does not appear to have given rise to any physiological deductions of moment: yet it is replete with interest to the physiological inquirer.

The circumstance, as respects the veins, was noticed in this city during the yellow fever of 1820, and has been recorded by Professor Jackson, of the University of Pennsylvania. He observes, "The veins of the omentum, mesentery, and, in fact, the whole system of the vena portæ, were always distended with fluid blood. It was at first supposed, that the blood, being thus fluid, was in the dissolved state so often mentioned by writers. But Dr. Hewson, wishing to make some experiments, collected portions of it in cups. In the course of 10 or 15 minutes it was firmly coagulated, and this was found in subsequent observations invariably to occur."[1]

It is interesting to remark, that in all these cases, we believe, as well as in the one which we observed, mercury had been largely administered, and it may be a topic for farther investigation, whether this peculiarity be in any manner connected with the free use of that or other agents.

Art. II.—A LECTURE ON MONSTROSITIES,

Delivered at the Middlesex Hospital School of Medicine, Feb. 1840.

BY JOHN NORTH, ESQ.

Lecturer on Midwifery, and the Diseases of Women and Children.[2]

Gentlemen:—In compliance with my promise and your wish, I proceed to give you in the present lecture a brief, yet, I trust, not an uninteresting sketch of the information that we have derived on the subject of monstrosities, within the last few years, from the labours of the French and German writers, especially of Meckel, Soemmering, Breschet, Serres, and, above all, Geoffroy St. Hilaire. The researches of these distinguished writers have filled up a great blank in medical science. Before their time almost every example of monstrous formation was attributed, not merely by the public, but also by the profession, to a whimsical deviation of nature from her accustomed laws. Such continued to be the prevailing doctrine until the beginning of the 18th century, when better founded and more philosophic views began to be established, and were gradually carried to their present comparative state of perfection, by the talents and labours of the authors whom I have mentioned. I refer particularly to the work of St. Hilaire, entitled "Histoire Générale et Particulière des Anomalies de l'Organisation chez l'Homme et les Animaux."

The phenomena of monstrosities have at all times excited the attention of philosophers. In former days every case of monstrous formation was attributed to the influence of demons, or to the anger of the Deity; and, hence, by the Greek and Roman laws, monsters were condemned to die. Such opinions could, of course, have been entertained only in an age of gross superstition and credulity.

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[1] See J. Davy's Researches, Physiological and Anatomical, vol. 2. p. 190, Lond. 1839, now in course of republication in the Library.

[2] Philadelphia Journal of the Medical and Physical Science, vol. 1. p. 22. 1821.

[3] London Lancet, March 7, 1840, p. 857.

Every example of *monstrosity*, if the term be correctly applied, is congenital. In fact, all those metamorphoses and great physiological phenomena which result in the formation, and in the first evolution—of the different organs, belong to the first periods of infra-uterine life. In the last periods of pregnancy, the fœtus is subject to very slight changes, and suffers but very few deviations from the specific type. It is necessary to bear this in mind, in order to understand completely many of the observations I shall hereafter make.

As I am anxious to compress into a brief space the large mass of facts which have been communicated to us on this subject, I shall pass over one branch of it, on which many hundreds of pages have been written, viz. the *classification* of monsters. For many ages thousands upon thousands of cases of monstrosity were collected, but in order to understand their origin, it was absolutely necessary to know the true laws of the original developement of the various organs of the human subject. It was also necessary that comparative anatomy should be studied in the modern and philosophic manner which has led to such very interesting and curious results as those that we now possess. The establishment of the theory of the frequent arrest and retardation of organic developement has led to sound views and the great progress that has now been made in the subject of monsters, the phenomena having been formerly almost universally attributed to some accidental deviation from the ordinary track of nature. An examination, however, of the original developement shows us that the greater number of monsters are beings whose growth has been arrested, and in whom the organs of the embryo have been retained until birth, and are associated with the fœtal organs.

This arrest of developement is very instructive as to those cases of monstrosity in which there is a deficiency of organs. Secondly, other phenomena arise from excess of developement, in which the organs are larger or more numerous than usual. Thirdly, there are anomalies, which arise neither from deficiency nor excess, but in which the primitive process seems simply perverted, thus changing the direction and situation of different organs.

The laws governing the production of these anomalies must be derived from the general laws or principles of organisation; and the first and most important law is that of the unity of organic composition. The organs of animals are composed of precisely the same materials, are always essentially the same, and are combined according to definite rules. By this law of unity of type in the formation of animals, as shown by Meckel, by Serres, and especially by Geoffroy St. Hilaire, we are enabled to explain the resemblance that is so frequently traced between the *anomalous* formation in one race of animals, and the *natural* form in others. Nothing is more common than to find that the anomalous structure of monstrous formations, in man for example, represents accurately and definitely the natural structure in other animals. According to this law, every animal in whom there has been an arrest of developement, ought to realise, in some of its organs, the condition that is met with among the inferior classes; and such is the case. Again, when there is an excess of developement, then we find the same resemblance between the animals which are the subjects of it, and some beings that are higher in the scale. This is occasionally found, but it is not so common as are examples of the human family resembling lower races, in consequence of deficiency. In the two lectures which I shall give on this subject, I shall refer to many examples illustrative of this law, but a few of them may now be noticed.

Many of the monstrous formations in man, consequent upon an arrest of developement, bear a marked resemblance to different mammalia. For example, the persistance of the tail, the characteristic of mammalia. In the early stages of the human embryo there is a natural prolongation of the os coccygis, which is neither more nor less than a tail, and which is usually removed in the process of developement. Here is a specimen, [exhibiting it] in which this is admirably shown. In the process of embryonic life the tail ought to be removed; but if any circumstance takes place in the early period of utero-gestation, so as to arrest or retard the developement of the embryo, the tail may remain. Here is a six months' fœtus [presenting it] exhibiting a permanent tail. Again; we not uncommonly find, as a specimen of monstrosity in the human subject, a cloaca, from which both the urine and the fæces are expelled; and such is the natural structure in many of the inferior animals. Monstrosity from a fissure in the lips, in consequence of an arrest of developement, is by no means uncommon in man. Here is a specimen. The lips are originally formed from the angles to the centre, and join at the median line; but if an arrest of developement take place, if the lips do not pass to the median line, there will be a chasm. There may be one or two fissures, or the chasm may be of larger or smaller compass, constituting what is improperly termed *hare-lip.* It arises from an arrest of developement, and it represents the natural structure of many of the inferior animals. Again; the uterus may be double (of which there is a specimen before you) in the human subject, but this also is the natural structure of many animals. There may be an imperfect state of the convolutions of the brain, representing, again, the structure of inferior animals. We often meet in the human subject with a bifurcation of the glans penis, or the clitoris; two vaginæ are not very uncommon. These are monstrosities arising from an arrest of developement, and they represent the natural structure of many animals. Imperforation of the vulva is not unfrequent; the sexual organs are sometimes deficient, and occasionally there is an imperfect developement of the eyes.

In another genus of monsters the limbs are deficient, the hands and feet appearing to exist alone, and to be inserted immediately into the trunk of the body, resembling seals and cetacea. An example of this existed in a Miss Biffin, who was exhibited some years ago in London and other parts of the kingdom. In her case there was an arrest of developement, but in many of the cetacea this is the natural formation, thus furnishing another illustration of the general law. Here [showing it] is an example of monstrosity exactly resembling Miss Biffin. The hands and feet are closely united, you see, to the body. No limbs are developed. Sometimes there is a deficiency in the arch of the palate, which is common in fish; frequently the diaphragm is imperfectly developed, as in oviparous animals; at other times we find as a specimen of monstrosity a communication between the different cavities of the heart, such as exists in reptiles. The absence of the brain and spinal marrow is not uncommon in the human subject. Very frequently the cerebral system is composed only of ganglia and nervous filaments, as in the case of many of the articulated animals.

The cases are much more rare in which inferior animals resemble the higher from an excess of developement. Geoffroy St. Hilaire mentions cases in the carnivorous tribe in which there was an excess of developement, and the tail had entirely disappeared. He has seen other cases in which the spinal marrow ascended as high in the vertebral canal as in man. All this is, physiologically, extremely curious.

The fact of the natural formation of the inferior tribes existing in monstrosity in man, clearly proves—and this proof has only been afforded to us in recent times—that monstrosity is not, as was once believed, a disorder arising from the blind freaks of nature, but that it is governed by constant and precise laws, and is capable of being submitted to a regular and scientific classification, and this classification has been effected in a very elaborate manner by Geoffroy St. Hilaire.

Another law, a law very closely connected indeed with monstrosity, and one of the fundamental principles of embryology, is this, that no organs originally pre-exist in the ovum. All the organs are formed at various parts of the growth of the ovum. At first each organ is extremely minute, extremely simple; and each afterwards passes through a series of changes in the process of developement. When the different organs have arrived at their permanent and natural state, some of them have passed through a greater number of changes than others, and have deviated from their original conformation more than others. In some, the changes are few and unimportant; in others, they are numerous and important. This is the normal, but not the invariable law of developement, for an organ may stop beneath the ordinary degree of developement, or be entirely abortive; or, on the contrary, it may exceed it, and thus arise the two great classes of monsters—one from arrest of developement, the other from its excess.

Now, of course, the admission of the law of the non pre-existence of organs in the germ is fatal to the old doctrine of original monstrosity before fecundation. The ancient doctrine taught that monstrosity arose before fecundation had taken place, from some original malformation of the germ. This position is now entirely abandoned, not upon any hypothetical grounds, but, from the immense number of facts which have been collected in opposition to it. It is true that Meckel has endeavoured to revive this doctrine, but only with a view to escape from difficulties and to account for certain cases of monstrosity, which it is safer in the present state of science to confess are utterly incapable of explanation. According to the law which admits the formation and not the evolution or unfolding, as it were, of organs, monsters from arrest of developement may be considered as permanent embryos, in some respects. We see at the end of their intra-uterine life some of the organs in the simple state in which they were at first formed.

A third law is that of eccentric developement. According to the doctrine of Haller and all the physiologists of the 18th century, every vessel and every nerve, dividing more and more, proceeded from the heart and brain towards the surface; and this, by philosophers and physiologists who either preceded Haller or adopted his more mature views, was termed the law of centrifugal developement. But in consequence of the labours of Serres and Geoffroy St. Hilaire this notion is almost entirely abandoned, and the opposite doctrine, that of eccentric or centripetal developement is now generally received. Serres and Geoffroy St. Hilaire say—and there is no doubt that it is true to a great extent, though not entirely,—that the vessels and nerves are formed before the heart and nervous centres—the brain and spinal marrow. I proved to you on a former occasion, that the blood-vessels were formed before the heart: and that even the motion of the blood could be seen before the pulsation of the heart, clearly showing the correctness of the general law laid down by Serres and Geoffroy St. Hilaire, in opposition to the philosophic dogma of the organisation of parts taking place from the centre to the surface, rather than from the surface to the centre. The heart, for example, the brain, and the spinal marrow, are very frequently found wanting in cases of monstrosity; but the blood-vessels and nerves are never wholly deficient. They may be more or less deficient, thus representing the structure of inferior animals, but they are never entirely wanting. If these vessels proceeded from the heart, the spinal marrow, and the brain, and those three organs were deficient, the vessels would be deficient also; but that is not the case, proving that the elaboration, the developement, of the vessels is not necessarily dependent upon the previous formation of the heart, the brain, or the spinal marrow.

Again; Serres contends (and he is supported to a great extent by Allen Thomson, a very good authority upon the subject of embryology) that the developement of the body commences from the two lateral halves, and that each central, each single organ is originally a double one. This can only be observed in the earliest periods of the formation of the embryo. The right and left portions are at first distinct and separate, but afterwards become united. Now if, from an arrest of developement, the union of the two halves is prevented, which occasionally happens, if this primitive state of formation becomes permanent, then two lateral organs, of course, are formed. If organs lying on the median line of the body, are originally composed of two halves —and this is clearly proved to be the case,—and any thing interferes to arrest or retard their developement, then that which ought to be a single organ remains permanently two. When this occurs in the human subject, it again presents as a monstrosity in a higher, that which is the natural structure in many of the lower animals. The two original halves of an organ may be quite distinct, or partially separate, according to the period of formation at which the arrest of developement took place.

Again; fissure of the lips, the palate, and the scrotum and spina bifida in man, are all specimens of arrests of developement, but are similar to the natural structure of inferior animals. Serres also states that the hollow organs situated on the median line are composed of two halves as well as the solid organs. There are, at one period of developement, two aortæ, two vaginæ, two uteri, &c.

All these organs are considered to pass through three successive stages in the process of developement. In the first stage, they are double, and the two portions are quite separate; in the second, they approach and unite upon the median line, the two inner walls being applied against each other; in the third, there is a developement of the inner walls, by which the two halves become gradually approximated, and that which originally constituted two separate halves is now reduced by a process of nature into one single organ. If by arrest of developement the second stage of formation remains permanent, the inner walls of the primitive organs, which form naturally a temporary septum, are not removed, and the organ is divided by a longitudinal partition. Here [showing the preparation] is a very rare specimen of a longitudinal division of the vagina and uterus, extending from the os externum to the fundus of the uterus, dividing both organs into two. The arrest of developement must have occurred here at a very early period; and here again we see realised in the monstrous formation of man the natural structure of different animals.

There is another fact dependent upon the law of developement towards the centre, and that is, the greater constancy of those organs which are of early formation than those of later developement. Any cause at any period of pregnancy disturbing the process of growth will very little, if at all, interfere with the developement and growth of organs nearly or perfectly formed; but it may have considerable influence upon organs as yet imperfectly developed. Thus, it has been found that the umbilicus and small intestines are by far the most constant parts in monsters; and that for the clearest reason, because they are among the parts first formed, and as such they are exposed to fewer causes of arrest or disturbance of developement than those which are afterwards formed, and which are exposed, to lapse of time and various circumstances interfering with their elaboration and growth. Many examples of the kind might be adduced. Still it is impossible for any one who reads the works of Serres and Geoffroy St. Hilaire with a determination to arrive at the truth, if he can, to go to the full extent of the position which those philosophers have laid down with respect to the laws of centripetal developement.

The causes of the arrest of developement and of the excess of organisation seem to be at present beyond our reach. Arrest of developement teaches us much as to the origin of monsters with deficient organs; but scarcely any thing as to cases of monstrosity from excess of parts. And the attempts to explain these rarer anomalies are as yet by no means satisfactory. There is another law by which the production of some anomalies has been explained, and that is, the law of compensation in different organs. Excess of nutrition in one organ is proved to involve the total or partial atrophy of another, and *vice versâ*. If one organ be preternaturally large, another is preternaturally small; or if one be preternaturally small, we find, by the same law of compensation, that another is preternaturally large; thus establishing a very curious law. Let us not neglect facts because they do not appear practical; they are always important, and we know not to what useful results they may ultimately lead. Many applications of this law of compensation may be made to the subject of monstrosities. Thus, for example, we occasionally see individuals with more fingers on one hand, and more toes on one foot, than natural; but, in the great majority of such specimens, if there be six fingers on one hand, there are only four on the other; or if there be six toes on one foot, there are only four on the other. The fact which is thus proved is explained by the term, law of compensation.

Another law which is very curious is that of the similar position of parts, or the affinity of similar parts for each other, called by Geoffroy St. Hilaire, "Affinité de soi pour soi."

If two or more organs perfectly resemble each other, they seem to have a strong tendency to unite and approach. Thus, physiologists have at all times been struck with the phenomena of double monstrosities; for it has invariably been observed—although until the labours of Serres and others of recent times it was never capable of explanation,—that in cases of double monstrosity parts of a similar kind were invariably attached to each other. This is constant and common to all monsters, and influences all the facts of double monstrosity. Thus, side is united to side, face to face, back to back; each part in the one corresponding precisely with the same organ in the other. Every vessel, every nerve, every muscle situated in the line of union of the monstrous body joins itself to the same vessel, the same nerve, the same muscle in the other half. This is a very curious law of nature, and is precisely analogous to the two halves of an organ originally separated uniting in their further developement. There are before us several specimens of double monsters, tables, and plates, illustrating the truth of this position. And here, in the "Recherches D'Anatomie Transcendante," by Serres, you see clearly illustrated, in the different plates exhibiting the anatomy of the double monster Ritta-Christina, this law of "*Affinité* de soi pour soi." Each similar bone is attached to a similar bone on the opposite side. We shall never find an artery attached to another artery of a different nature. Knowing this fact, we can at once distinguish between true cases of monstrosity and those which are alleged to have been met with, but which really never occurred; we can distinguish between the fabulous monsters of by-gone days, and those which really existed. Many cases of monstrosity recorded in former times were mere fables. In many such instances one head is represented as growing from the upper, the other from the inferior part of the body; the back of one was said to be attached to the belly of the other. No such cases, I believe, were ever seen. The law regarding the formation of double monstrosities is universal and invariable, so far as we can judge from the specimens before us, and all those I have seen in English or foreign museums.

Passing over a great many intermediate observations made by St. Hilaire, I come to something more practical, and will make a few observations on certain anomalies from a diminution of the colouring matter.

It is well known that the skin derives its colour from a particular principle, named pigmentum. This pigmentum may be less coloured or less abundant than usual; it may be wanting entirely, or it may be too deeply coloured. Again, there may be simple alteration of colour.

I will first give a brief sketch of that state which arises from a diminution of colour. Individuals whose skin is but slightly or not at all coloured, have long been known by the name of *Albinos*. They were at first suppossd to be a particular race, but albinism is now known to be the result of some individual and accidental modification. The skin appears to be white in consequence of the absence of the pigmentum; the hair is also white; the iris is deprived of its colour, and it is usually red; the pupil is of a fiery red, and hence such individuals have a peculiar physiognomy. A family of this kind may often be seen walking up and down Oxford street. Albinos are frequently blind for some time after birth, in consequence of the permanent presence of the membrana pupillaris, which ought to disappear at a certain time of fœtal life. The condition of the iris does not enable them to bear a strong light; it is not opaque as it ordinarily is, but remains transparent, from want of colouring matter, and thus allows all the rays of light to pass through to the globe of the eye, rendering the organ of vision incapable of bearing them. Albinos are thus like many animals who see best in the dark. Perfect albinism is a common occurrence. Albinos are generally of a delicate constitution; their limbs are longer than natural, their head and their neck larger, and their physiognomy is dull and disagreeable. Usually the males are barren, but not the females. It is to a state of partial albinism that we must refer individuals partly white and partly black among the negro race. Thus, two blacks may have a white child; or the offspring of an Albino and a negro may be partially black. If we were not aware of this fact, adultery might be suspected—very unjustly. I remember a partial case of albinism in the family of a patient of mine in London. The females, and the females alone of this family, had had for many generations perfectly black hair, excepting a band of hair about two inches in breadth, in front, which was as white as snow. This was a curious case of the want of developement of the colouring matter. Their heads were shaved, and various experiments were tried, but all in vain; it appeared like a band of white ribbon, and I endeavoured, though without success, to persuade the two lasses whom I saw that it added to their beauty.

Albinos are seen in every climate, in every country; they are rare, however, in cold regions, but are common in warm, and in the tropics; and hence arose the general opinion which still prevails, that they are a distinct race of people. It is curious that they should exist paricularly in the tropics; it shows that cases of albinism are much more frequent among black than white people.

As to the nature and causes of this condition, I will dismiss them briefly; but it is worth while to observe that St. Hilaire has proved that long confinement and want of exercise will gradually produce a change of colour, especially if at the same time the food be scanty and bad. Thus the opinion of Blumenbach is to a certain extent supported, viz. that albinism is occasionally the result of disease. This is sometimes true, but it is much oftener true that it arises from an arrest of developement. The pigmentum of the skin is not present in the fœtus until an advanced period of pregnancy, and the offspring of blacks may sometimes remain as white as the children of the European race. It is easy to conceive that the developement of the skin may be arrested before the pigment has been deposited in the cutaneous tissue so as to impart to it its natural colour. Hence, the natural colour of the skin, the hair, the iris, and the choroid coat of the eye, may remain deficient simply from an arrest of developement, and without disease.

As a proof that this anomaly may be referred to an arrest of developement, I may mention that albinism is not the only fœtal condition which remains permanent. The fœtus during the second half of its intra-uterine life is covered with a fine downy appearance, observable with the naked eye or with a microscope. In the process of developement this downy appearance is removed, but in almost every case of a perfect Albino it permanently remains over the whole surface of the body, showing the arrest of that developement by which the downy appearance ought to have been removed. Again, the frequent presence at birth of the membrana pupillaris is another proof of arrest of developement.

I will now make a few observations upon the anomalies arising from an excess of colouring matter, or melanosis. The presence in the skin of a deeper pigmentum than natural, constitutes, according to St. Hilaire, a species of congenital melanosis. This is not uncommon in many animals; but it is less common in man than albinism. The term *melanosis*, I may observe, is usually applied to a particular form of disease characterised by black or very dark tumours, which appear in the different tissues of the body, at various periods of life. I must not travel from my subject to touch upon one on which I have no information to offer, but I may just show you this beautiful specimen of melanosis, one of many from the collection of Mr. Kiernan, who has been long investigating the subject with his well known industry and ability. Many nævi materni are nothing more than examples of congenital melanosis. Writers in general confound under the term nævus two states of very different characters—the one being melanosis of the skin, depending on an excess of colouring matter; the other arising from a preternatural condition of the blood-vessels of the part, the latter being technically known by the name of *aneurism by anastomosis*, an appellation given to it by John Bell. Complete melanosis may occur suddenly in the adult. Ruysch published the case of a man who at the age of 70, in consequence of some powerful moral emotion, became in one night as black as a negro. There other cases of the same kind on record, which have been classed by the older writers under the term *black jaundice*, from the person becoming not perfectly black, but of a dark and deep colour.

Nævi, depending upon an anomalous condition of the blood-vessels, are red, violet, or black; those which are red become deeper from mental emotion, heat of the skin, or any circumstance capable of producing a blush on the surface of the body. These vascular nævi are generally elevated above the surface, and may appear in every organ and of every form. I saw one case, shown to me by Dr. R. Lee, which covered nearly the whole body.

These vascular nævi increase by heat, and of course they are affected by the warmth of summer; at that season they are redder than at others, and hence the popular belief that they resemble certain fruit which has been longed for by the mother, and that they follow the laws of its growth. This is all nonsense. It is true that these nævi become redder when the fruit is ripe; but that is because a greater determination of blood takes place to the surface of the body during the warm weather, and thus the nævi become elevated and present a more turgid and red appearance than at other times.

Sometimes nævi disappear after birth; sometimes they give way to compression, and this is one of the means occasionally had recourse to for their removal. It is worth while, however, to know that Recamier says, that however simple the treatment of vascular nævi by compression may be, yet it is not safe to employ it; for although the surface may appear to be perfectly healthy, yet the amount of compression necessary for the purpose of cure is extremely likely to produce cancer. I shall in a subsequent part of the course enter upon a detailed account of the nature and treatment of nævi.

Congenital melanotic stains upon the surface of the skin vary greatly in situation, form, and colour, and sometimes they are covered with hair. They are often, by the public, said to resemble some animal by which the mother has been frightened during her pregnancy. But how is the evidence obtained upon which this foolish belief is founded? A woman is delivered of a child, having upon the surface of its body a dark stain, perhaps covered with hair. The attendant gossips assert that it is like a cat, a rat, or a mouse. The mother is asked if she has not been frightened by either the one or the other of those animals during her pregnancy. If she answer in the affirmative, the parties are, of course, satisfied. If she reply in the negative, she is asked by what she was frightened, or what she saw while she was with child. And you may easily imagine that such a train of inquiry must lead to the wished-for conclusion that the stain upon the child resembles something—no matter what—which the mother saw in the course of her pregnancy. During the French revolution a woman was delivered of a female child which had a dark spot upon its arm. This was converted into a very correct resemblance of the cap of liberty; and, the important fact being communicated to the government, the woman obtained a premium for having brought forth a child with a revolutionary emblem on its arm!

These nævi generally remain during life, unless removed by surgical means.

Thus, gentlemen, I have ventured, for once, to depart from purely practical topics, in order that I might give you a general sketch of the curious and interesting subject of monstrosities. In the next lecture I shall resume and complete the topic.

(*To be concluded in our next.*)

BIBLIOGRAPHICAL NOTICES.

Bell's edition of A. Combe on the management of Infancy.[1]

The volume before us is intended rather for the *laity* than the profession; yet, proceding from two able hygienists, it could not fail to contain much that is interesting to the latter.

Dr. Combe has been highly successful as a writer on popular medicine, if we regard the number of his first publication—on physiology—sold in Great Britain as well as in this country. His Principles of Physiology merited that success, and served as a prolegomenon to his Treatise on Digestion, which followed after; but which, in our estimation, was a far inferior work, and owed perhaps its very existence to the case of San Martin, now so well known as having furnished Dr. Beaumont with the materials for his work on the gastric juice.

The publication before us consists of various chapters. 1. Introductory explanations; 2. Extent of mortality in infancy; 3. Sources of disease in infancy; 4. Delicacy of constitution in infancy; 5. Conditions in the mother affecting the health of the child; 6. Of the constitution of the infant at birth; 7. The nursery and conditions required in it; 8. The management of the infant immediately after birth—washing and dressing; 9. Food of the infant at birth; 10. On the choice, properties and regimen of a nurse; 11. Artificial nursing and weaning; 12. Cleanliness, exercise, and sleep in early infancy; 13. Management of the infant during teething; 14. Management from the time of weaning to the end of the second year; 15. On the moral management of infancy; and a supplementary chapter by Dr. Bell, containing many facts and reflections applicable to this country.

MISCELLANEOUS NOTICES.

Treatment of poisoning with narcotic substances.—By T. T. G. Boisragon, M. D.[2]—Notwithstanding that the subject of poisoning by opium and other narcotics has been so ably and frequently treated of by eminent authors, and as there is, I fear, too great a tendency in medical practitioners to form an unfavourable prognosis, after having in such cases used the stomach pump and emetics without the desired effect, I am anxious, with your permission, to make a few additional observations concerning the mode of rousing patients, upon a principle which, although it may have been occasionally, but obscurely, hinted at, has not, I conceive, been sufficiently insisted upon; and that is, continued novel or alternate impression upon the nervous system through the medium of the stomach, and the external surface generally.

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[1] Treatise on the Physiological and Moral management of Infancy. By Andrew Combe, M. D. Fellow of the Royal College of Physicians of Edinburgh, &c. &c. with notes and a supplementary chapter, by John Bell, M. D. Lecturer on the Institutes of Medicine, &c. 12mo. pp. 307, Philad. 1840.

[2] London Lancet, March 7, 1840, p. 879.

This novelty of impression, as I term it, may be produced by any means which may appear to the practitioner most appropriate at the time; but the mode which I have found the most ready for producing this effect, is, alternation of impression with hot and cold water, on different parts of the surface of the body. I am well aware that Drs. Christison, Paris, and Beck, recommended cold water to be thrown over the head, chest, &c. Dr. Paris says it rouses the energy of the brain. It is also considered useful to assist the action of emetics. Dr. A. T. Thomson recommends the use of the warm bath.

Sprinkling the chest and back of the patient with cold water while in the bath, has also an excellent effect in rousing the system; yet, even these, in a short time, the relations remaining the same, lose considerably their influence, as I have myself proved, and for this reason it is that I am anxious, lest, by attending literally to the particular remedies recommended by these excellent authors, the *principle* of alternate impression, which ought to be insisted upon, should be lost sight of. Besides, it frequently happens that a warm bath (particularly amongst the poor) cannot be procured; how, then, can we well supply its place, unless we bear in mind the principle upon which it is used? And this I apprehend to be threefold, viz. to rouse by general impression, to restore or increase animal heat, and to determine the blood to the surface, in order to assist in relieving, if possible, the congested state of the lungs and right side of the heart, produced by the state of coma which narcotics induce.[1]

Hence the great use, in such cases, of causing patients, if we can, to respire frequently. Artificial respiration, where it could be effected, would, for this reason, be also valuable in extreme cases, as a proof of which I would refer my readers to some interesting experiments of Sir B. Brodie, in the "Phil. Trans. 1812," in which the circulation was maintained by artificial respiration, after the natural respiration had been suspended by the action of narcotic poisons, until their baneful influence upon the sensorium had passed off, and the sensibility and consequent natural respiration were restored.

Now, I consider that these indications may be fulfilled by the judicious use of warm and cold water. It must be evident that we fulfil all these at once by placing the extremities in warm water, and by passing a sponge, dipped in the same, over the shoulders, chest, back, &c. This should be as hot as the hand can bear it. But the first indication, which is the grand object, viz. to rouse, is mainly answered, and the effect increased, by a sudden change of impression produced by dashing the face with cold water, or passing a sponge dipped in it, over the head, chest, &c. when we find the first, or warm impression,—of which we can fairly judge, by the crying, groaning, or inspiration of the patient,—goes off; or, in other words, when the nervous system is no longer cognizant of it. Cold water, indeed, should be dashed in pretty large quantities, when done occasionally with the hand.

While we are thus endeavouring to rouse the patient by external means, we must not forget, of course, those which are commonly used internally, as weak acidulous fluids, diffusible stimuli, &c.; even these, I consider, it would be better to vary, and upon the same principle.

I think these observations may be sufficiently illustrated, without troubling you with more than the two following cases:—

Case 1.—A poor woman administered to her child under two years of age, between the hours of 6 and 7, A. M. a teaspoonful of laudanum, instead of tincture of rhubarb, which she had been in the habit of giving it for prolapsus ani. Fortunately she discovered the mistake immediately before she left home to go to work, and sent immediately for the parish surgeon, who arrived about seven o'clock, and administered an emetic, which not operating as he wished, he gave it another; this dose had the effect of evacuating the stomach, but, as I afterwards learnt upon inquiry, with scarcely any trace, by smell, of the existence of opium. After leaving directions to keep the child moving, he left the house with the following observation:—"No man can save that child; and as you have got into it, so you must get out of it as well as you can."

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[1] See also "Beck's and Christison's Med. Jurisprudence."

I take particular notice of these words, without wishing to make an unkind observation concerning any practitioner, but only to show how readily patients are by some considered to be beyond relief; and, be it observed, in this case it was even after the operation of an emetic.

The friends, (for the mother was in too distracted a state of mind to render any assistance) moved the child about and shook it for two or three hours; but finding the stupor continue, they abandoned all hope, and laid it down upon its bed, as they thought, to die. The mother, whom I had formerly attended, insisted that I should be sent for, notwithstanding the resistance on the part of the friends, after the surgeon's remark; they accordingly sent for me, and I arrived not until after eleven o'clock, A. M. When I entered, I found the child, lying upon its bed, breathing stertorously, and the colour of the face changing to the livid. They told me it had been lying thus about half an hour. I caused it to be placed immediately in a warm bath, and to take alternately weak vinegar and water and strong coffee, at the same time bathing the head with cold water. All these means at first roused the child, and made it cry, but I found that their effect soon went off; the back and chest were then sprinkled with cold water which acted at first powerfully, but again the little patient relapsed into its former state of stupor; it was now taken out of the water and placed upon the knee of one of the attendants, and the sudden impression of the cold air upon the whole surface of the body at once was quite sufficient to rouse it; this effect, however, not continuing long, upon reimmersion in the warm bath it cried out, and showed clearly the efficacy of the alternate impressions. Having now satisfied myself of our power to rouse the child, I left the house with directions to continue this sort of treatment at intervals of an hour or two, *e. g.* using friction, dressing it, and giving it exercise, together with the warm bath two or three times in the day, if necessary, and continually to administer internally some of the fluids above mentioned. I saw this patient again in the afternoon; it was still drowsy, but better. I desired the friends to continue the treatment, and bring the child to me in the evening, which they did, perfectly recovered.

Observe, this practice should be continued, according to circumstances, from three to twelve hours. (See "Christison's Medical Jurisprudence.") The patient should be also occasionally roused, even when he may be allowed to sleep, in order to be sure of his recovery.

CASE 2.—The other case is that of a female—she might be about 50 years of age, who having suffered domestic trouble took laudanum, with the intent to commit suicide, in the following manner:—Between seven and eight o'clock in the evening she went out and bought two-pennyworth (as she said) of laudanum, which, as soon as she was out of the shop, she swallowed; she then went to another shop and bought three-pennyworth, which she made use of in the same way; she afterwards went to a third shop in the neighbourhood, and bought two-pennyworth more, but paused a few minutes before taking it, and conversed with some acquaintance whom she accidentally met, but as soon as that person left her she took the remaining dose, and returned home, keeping what she had done a secret from her family. At length, however, her son perceiving something irregular in her manner, began to converse with her about herself, and finding him importunate, confessed that she had taken opium. He then went for medical assistance, but could not procure any until ten o'clock, when two medical attendants arrived, one soon after the other, and tried the stomach-pump, but did not bring any thing away that at all satisfied them as to the presence of opium.

Finding her now in a state of great stupor, two persons were employed to shake her whilst sitting in her chair, but with little effect. One of these gentlemen came to me requesting my assistance. Although I attended immediately, I did not arrive until past 11, P. M., when I suggested that her feet should be put as soon as possible into hot water, and the head, neck, and chest bathed alternately with hot and cold water, while acidulous fluids, ammonia, &c. should be given internally. When I found that these means were losing their influence, I directed that the feet should be placed in cold water: this, as might be expected, produced a sudden and powerful effect; but it should be particularly observed that the feet should not be allowed to remain above a few seconds at a time in the cold, for the reasons mentioned above, in speaking of the warm bath; they were consequently soon replaced in the bucket containing the warm water. After persevering in this plan for rather more than two hours, the patient recovered so far as to converse a little; I then directed that she should be wiped dry and rubbed, still continuing the fluids internally, and that if she was found to relapse at all, to bathe her again; but in a short time she was so far cognisant, as to insist upon being placed by the fire, and soon after went to bed. I may add, that, perhaps a little is due to the fact that some of the fluids given internally with a large spoon, having accidentally gone the wrong way, made her cough.

I trust these two cases are sufficiently illustrative of the power which we gain by such a plan of treatment; and of the utility of making it public, since in the first the practitioner had no hope, and in the second one of the medical attendants thought proper to call in further assistance. I may also mention (to show how even well-informed persons may lose sight of the principle here inculcated) that the other medical man attending this last case, exclaimed, when he saw what I was doing, "That is Christison's plan, is it not?" Besides, I would observe, that although occasional rousing by physical force or shaking may be useful, it requires great exertion on the part of the attendants, who may be difficult to procure; and it is also very fatiguing and painful to the patient, and if not continued most unremittingly, it is, I am inclined to think, apt to confirm the stupor rather than relieve it.

On the treatment of croup by large doses of tartar emetic.—By Charles Wilson, M. D. Kelso.[1]—I have now treated in all twelve cases of croup in children with high doses of tartrate of antimony on the contra-stimulant plan, and of these, two only have died. In one of the fatal cases there had been distinct and severe croupy symptoms two days before I had any opportunity of exhibiting the medicine, yet its use was followed by a striking relief of these symptoms. Within the first seven days of treatment, the patient, a boy of four and a half years of age, took thirty-six grains of the tartrate, in doses which averaged half a grain, given at first every hour, and afterwards every two hours. The cough and respiration improved from the beginning, and at the close of the fifth day of treatment resembled what is heard in ordinary catarrh. The voice improved on the sixth day, and at the close of the eighth day of treatment it was heard distinctly, though previously little more than a feeble whisper. The medicine frequently caused vomiting, but no catharsis; the bowels, on the contrary, requiring to be regulated by enemata. On the eleventh day there was a relapse, and on the twelfth day the cough was again croupy, and the inspirations sonorous. I hesitated, and I believe improperly, in again employing the antimony; and the patient died on the fifteenth day after I had first seen him, and the seventeenth from the commencement of the disease. In the other case the patient died on the fourth day of the treatment, the antimony, however, having never been properly administered, nor my directions in other respects implicitly followed. With respect to the successful cases, I may observe, that I certainly met, for the most part, with little tolerance of the remedy in as far as the stomach was concerned, vomiting having been freely produced in nearly all; but there was no troublesome catharsis, and, even in one instance where there was a tendency to diarrhœa previously to the exhibition of the antimony, this ceased on the second day of the treatment, and it became necessary to have recourse to mild laxatives. Indeed, not a single case occurred, during some part of the treatment of which it was not requisite to exhibit castor oil, infus. sennæ, or some other remedy to act upon the bowels. The treatment was generally commenced with the application of leeches to the larynx, which were followed by warm poultices, frequently renewed; and, simultaneously with the leeches, the tartar-emetic was begun in doses of one fourth or one third of a grain, generally at first every hour till a decided impression was made, and afterwards every two hours till the patient was considered in safety; care being taken that its use was not intermitted at too early a period for the certainty of the cure. The remedy was usually exhibited in a mixture with a little mucilage, prepared with warm water to ensure its solution; and occasionally, with the older children, half a minim or a minim of T. Opii was joined to each dose, which seemed to have a marked effect in ensuring tolerance of the medicine, without diminishing its sanatory effects. The largest quantity given in any of the successful cases was sixteen grains, and in this case the tolerance was complete after the first two doses. In one of the cases the antimony, at a certain period, was combined with calomel, of which upwards of a drachm was exhibited. A blister was generally applied to the top of the sternum towards the close of the treatment, in order to obviate the risk of a relapse.

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[1] Border Med. Society, 1839, and British and For. Med. Rev. April, 1840.

I am well aware that the tart. of antimony has been employed by numberless practitioners in croup, and that Cheyne among the rest has prescribed it in considerable and frequently repeated doses; but I am not aware that any one has exhibited it in precisely the same way or with the same aims as myself, or that they have sought from it any thing beyond its ordinary well-ascertained action as an emetic. I have thus had no guide to direct me in the use of the remedy, an advantage which I probably might have possessed had my acquaintance with medical literature been more extensive; and, of course, I do not pretend that the limited experience which I have had of it has established its value beyond dispute. Having formed my diagnosis, however, with what care I could, and having treated my cases at periods when I heard of others attended with fatal consequences occurring in the vicinity, and my success in the treatment having been far greater than any I had hitherto attained with other methods, I considered myself justified in laying these details before you, and in recommending the remedy to your attention.

On the relative frequency of Herniæ at different ages.[1]—M. *Malgaigne* has communicated to the Royal Academy the following details of his inquiries upon this subject. They are drawn from three series of observations, collected at the central bureau of hospitals at Paris during the close of 1835, and during the two succeeding years.

The first series embraces 410 cases which were noticed in persons who applied at the central bureau for trusses. Of this number 335 were males, and 75 were females.

The second series exhibits a total of 2,767 cases;—of which 2,203 occurred in males, and 564 in females.

The third series comprises 2,373 cases;—1,884 of which occurred in males, and 489 in females.

[1] London Medico-Chirurgical Review, April, 1840, p. 529.

From these data we may reasonably conclude that ruptures are four times as frequent in the one *sex* as in the other.

Now with respect to the influence of *age* as a predisposing cause of hernia. Among infants under twelve months of age herniæ are more frequent than during the second year of life. During the following three years the tendency becomes strikingly less and less.

In considering the period of life between five and twelve years of age, it would seem that hernia is of more frequent occurrence during the latter than during the former half of this time. Hence we may infer that there is a *recrudescence*, at about the ninth year or so. This *recrudescence* or increase of predisposition, is still more marked during the next eight years—between thirteen and twenty. It is however to be particularly noticed that the increase bears exclusively on the male sex.

From the 20th to the 28th year, the number of herniary patients very sensibly increases, whether we take them in the mass, or distinguish them according to their sex.

Among men there is an increase of at least one fourth; and among women the increase is nearly one half. The rapid increase among males from the 13th to the 20th year of life may be attributed in part at least, to the laborious occupations in which they are engaged. The same cause operates no doubt during the next eight years on both sexes; to which is now to be added the influence of marriage, and also of pregnancy.

From the 28th to the 29th year of life there is a notable augmentation in the disposition to herniæ—stronger indeed among women than among men; and indicative of some secret influence acting on the constitution, which becomes more decided in after life.

The decennial epoch from 30 to 40 years of age may be divided into two halves, during the first of which the tendency to ruptures seems to remain nearly stationary, and during the second becomes considerably and suddenly greater—the average number for the series of the year 1836, being 29 in the first five years and 58 in the next five; and for the series of the year 1837, 26 for the first five years and 46 for the next five; thus showing an increase of nearly a double.

During the next decenniad, from the 40th to the 50th year, the average decreases;—viz. from 58 to 54 for the series of cases for 1836, and from 46 to 42 for that of the following year. But here there is a marked difference in the relative frequency of herniæ according to the sexes. In the earlier years of life, the proportion of females affected with rupture was, as we have stated above, not more than a fourth of the number of males; but about the age of forty, this proportion rises considerably, some new cause of predisposition seeming to be operative about this period of life.

If, for example, we take the two preceding periods—from 30 to 35 years, and from 35 to 40 years—the proportion was found to be thus:

54 females and 231 males,
100 females and 418 males,

—the proportion being in either case short of a *fourth*. But during the next ten years, from 40 to 50 years, the number of women affected with herniæ was 242, while that of men was 722—giving a proportion of one *third*.

From 50 to 60 years of age, the general number of herniary patients increases, and the annual average becomes again equal to, or even above, what it was from the 35th to the 40th year. Moreover, the relation between the two sexes re-appears very nearly as during this latter period of life. From this we may infer that there is an increase of herniæ among men, and a decrease among women, during the period between the 40th and 50th year.[1]

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[1] There is surely a mistake here; as we have been told in the preceding paragraph that there is a very marked increase of the complaint among women during the fifth decenniad of life. The decrease takes place in the next decenniad—viz. from the 50th to the 60th year, and not from the 40th to the 50th year.—(*Rev.*)

During the seventh decenniad—from the 60th to the 70th year—the general number decreases, and as that of women seems to remain about the same, the proportion re-becomes nearly one *third.*

During the next decenniad, the number of herniæ in men was found to have decreased by not quite a half, while in women it had fallen by at least two thirds. This difference seems to indicate, that at this epoch of life the mortality, which is evidently higher in herniary than in other persons, would be still greater from this cause in women than in men. If we follow the decrease of the herniary population, year after year, we no longer observe at this period—the eighth decenniad—as we had observed in the preceding ones, new cases of the disease to fill up the blanks caused by death. Thus, in the total of 3,140 cases comprised in the two series, we find 48 in individuals of seventy years of age, only 22 of seventy-five years, six of eighty, five of eighty-one, three of eighty-two, and one of eighty-three years.

M. *Malgaigne* has lastly endeavoured to ascertain the proportional number of herniary persons to the entire population of France. According to his inquiries, there are about two in every 41 of the inhabitants. He has also tried to determine the relative frequency of the complaint in the different provinces; but his data on this topic are still very imperfect.

Observations on diffuse inflammation.—By Henry Kennedy, M. B.[1]—This is an elaborate essay on a very important subject. We regret that we have only room for the conclusions which Dr. Kennedy considers as warranted by the investigation entered upon by him. They are as follow:

1. That diffuse inflammation will not attack a person in perfect health.
2. That the bad state of health preceding diffuse inflammation is powerfully caused by anxiety of mind, by great bodily fatigue, by shocks of the nervous system, by improper diet, or by any thing which has a tendency to lower the general healthy tone of the system.
3. That this deranged state of the health is shown principally in a vitiated state of the bowels.
4. That when once this unhealthy condition is established, the slightest cause is capable of inducing diffuse inflammation.
5. That venous inflammation does not necessarily cause diffuse inflammation.
6. That venesection may cause diffuse inflammation, the vein, however, remaining healthy.
7. That when venous inflammation does exist, the fever which accompanies it is more likely to be of the typhoid type than when diffuse inflammation exists alone.
8. That diffuse inflammation may attack several parts of the body in rapid succession, or it may be confined to one part, as the hip, or one organ, as the lung.
9. That pus may be poured out into the joints, serous cavities, or cellular structure without any appearance of surrounding inflammation.
10. That, at the very onset of the attack, the free application of the actual cautery holds out a fair probability of checking the disease; but, when once formed, free and deep incisions are the only treatment on which any reliance can be placed.

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[1] Dublin Journal, Jan. 1840, and British and For. Med. Rev. April, 1840.

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For the American Medical Intelligencer.

ART. I.—CASE OF CYANOSIS.

Hypertrophy of the Heart, especially of the right divisions—Autopsy—Patescence of the foramen ovale—absence of the pulmonary artery—communication of the aorta with both ventricles.

BY J. S. ROHRER, M. D., OF PHILADELPHIA.

With remarks by the Editor.

To Professor Dunglison;—

Sir—In the course of the last week, I was requested by a medical friend to make an examination of a child, whose peculiarly *blue* appearance during life excited much attention. The lesions presented by examination have been deemed, by several anatomists to whom the heart has been exhibited, if not *unique*, at least as extremely curious and rare—I send you the case with some remarks for publication in your valuable journal, and would thank you to append to it your observations, with reference to similar cases.

Very respectfully yours,

J. S. ROHRER.

Chestnut street, *Philadelphia*, 30*th July*, 1840.

History.—In presenting this case, I regret exceedingly that no correct account of the symptoms could be furnished by any of the physicians in attendance. The parents of the child being poor were imposed upon by every species of cupidity and empiricism. A great number of persons were consulted at different times, but no correct or satisfactory information could be obtained from any. My medical friend, who requested me to make the autopsy, though highly intelligent, did not pay much attention to the case, and has but an indistinct recollection of the symptoms. He states that the child was subject to paroxysms of dyspnœa, and that the skin was perfectly blue.

The following particulars were obtained from the mother of the child. It was a male infant, *eleven months old*—large and well formed at birth—no blueness was observed the first day, the room being rather dark. On the second day a blueness was perceived which gradually increased until the third day, when it could easily be observed all over the body. The child seemed hearty, with the exception of the blueness of the surface; sucked well; in two weeks after, it began to decline; did not improve any more, but wasted away gradually, and never appeared to increase much in size. It had frequent spells of screaming; took fourteen drops of laudanum at a dose before it was three months old, which was subsequently increased in quantity. The laudanum was not discontinued until a short time before its death.

At six o'clock on the evening preceding its death, spasms occurred, which terminated its existence at one o'clock in the morning. Two weeks before its death vomiting supervened, which continued until a short time before its death.

The heart beat violently during the whole period of life; so much so that the pulsation could be perceived through the clothes; a pulsation was felt like the beating of the heart below the stomach near the hips; it is not recollected on which side; the pulse was very fast; the child moaned much and appeared in constant distress; would frequently have attacks as if it was suffocating; cold water applied to the feet would bring on those paroxysms immediately; had a throbbing of the arteries of the neck; appetite very good during the whole period; would eat frequently so much as to cause vomiting; was intelligent for its age; could not stand upon its feet; had no strength in its limbs; in those paroxysms would hold its breath for a long time and turn up the eyes.

Was blue at all times, but occasionally purple, the nails on the hands and feet like indigo; had no bowel complaint, nor fever, and sucked well until the last.

The breathing was not very hard, except in the paroxysms, to which it was subject. As many as fifteen doctors were employed, the last of whom was a Homœopathist.

Necroscopy.—The heart at its base is six inches in circumference; its length from the apex to the semilunar valves of the aorta, two inches and a half.

The right ventricle, at the point where the pulmonary artery should have originated, is half an inch in thickness, and the middle and lower portion of it is but one fourth of an inch.

The left ventricle is uniformly one fourth of an inch in thickness.

The right auricle is much distended, being about three times as large as the left auricle. The musculi pectinati are very strongly developed.

The lungs are normal.

The left auricle is unusually small, and has five pulmonary veins.

The foramen ovale is deficient in several parts; the right auricle communicating with the left by different apertures. The valve of the foramen, for instance, is not closed, and is one sixth of an inch in diameter. At the upper and lateral portions of the foramen ovale, are two more foramina, on each side, both of which would admit a common quill. On each side of the eustachian valve are one or two orifices, the largest of which would admit a blow-pipe.

The valvulæ tricuspides are of a scarlet colour, slightly tumefied, and cartilaginous.

The capacity of the right ventricle is much increased, and about four times as large as the left ventricle. Whilst the right ventricle would hold an ounce of fluid, the left would not hold more than two drams.

There is a deficiency in the upper part of the septum between the ventricles. A probe introduced into the aorta will pass with facility into each ventricle, and thus a communication is established between the two great cavities. This deficiency in the septum forms a foramen of half an inch in diameter, which is so placed that the communication between the right ventricle and aorta is more perfect than between that vessel and the left ventricle.

The *columnæ carneæ* of the right ventricle are greatly developed—thus corresponding with the superior developement of the *musculi pectinati* of the right auricle.

The mitral valves are normal.

The internal membrane of the left ventricle natural in thickness and slightly tinged with yellow.

The pulmonary artery is much smaller than common, not exceeding one line in diameter, and *does not penetrate to the cavity of the right ventricle*, but is suddenly *closed*, *ending in a pouch* near the root of the aorta, where it should have originated, viz. at the anterior and left part of the basis of the right ventricle. As it proceeds obliquely upwards in its proper course, on the left side of the aorta, it divides into two branches, at the root of which, the *ductus arteriosus* is inserted. Thus there is no direct communication between the *pulmonary artery* and the cavity of the heart. The branches of the pulmonary artery are very small, and will with difficulty admit the end of a probe.

The ductus arteriosus is one sixteenth of an inch in diameter.

The aorta as it arises from the ventricle, being placed immediately over the septum between the ventricles, is full half an inch in diameter, and suddenly diminishes to the usual size where the arteria innominata is given off.

The semilunar valves of the aorta are normal, closing entirely the aortic orifice.

Remarks.—The anatomical lesions presented in the preceding case are very remarkable; the most striking of which is, that but one vessel, namely, the aorta, communicated directly with the cavities of the heart, whilst the pulmonary artery terminated in a *cul de sac* in the muscular tissue of the right ventricle. The question at once arises, by what means was the pulmonary circulation maintained? The present state of physiological science compels us to suppose that such a circulation is essential to life, and that in this instance it must have been effected through some unusual channel. May not the blood have been conveyed in a retrograde course from the aorta through the ductus arteriosus to the pulmonary artery and by this vessel to the lungs? The function of the right ventricle in this case being vicarious in a great degree to that of the left, caused great hypertrophy of the parietes and dilatation of the cavities of the right side of the heart and correspondent atrophy of the left.

The aorta, it will be seen, was also much dilated. The question next arises, how did this phenomenon take place? It is plain that the blood being received on the right side of the heart, was forced through the foramen ovale into the left auricle, and through the tricuspid valves, into the right ventricle. The blood being thus propelled, the left ventricle received a portion of it from the left auricle through the mitral valves and the *opening of the septum*, whilst the greater portion passed into the left ventricle through the opening of the tricuspid valves.—The blood having thus arrived in both ventricles, the simultaneous contraction of which forced it at once into the aorta, their combined force acting upon that vessel gradually dilated it, in consequence of the impetus being spent on its parietes. It will be recollected that the dilatation did not extend beyond its great curvature.

Upon consulting several authors I have not been able to find any case in which the entire communication of the pulmonary artery with the right cavities was wanting. Several cases are detailed, in which a similar lesion of the septum of the ventricles occurred, and some cases are narrated in which the orifice of the pulmonary artery was extremely contracted; but no instance is cited in which there was congenital absence of *direct communication* between the right ventricle and pulmonary artery.

The learned editor of the Medical Intelligencer would confer a great obligation upon myself and the profession if he would have the kindness to communicate his observations on this subject.

Remarks by the Editor.

The pathological appearances found on the dissection of those who have died of cyanosis or kyanosis, are diversified and curious. All permit the admixture of venous with arterial blood so as to give rise to the colour of the surface so strikingly exhibited in the case described by our correspondent.

Gintrac,[1] who was professor of anatomy and physiology at Bordeaux, has collected the appearances presented on the dissection of fifty-three cases. In twenty-two of these, the aorta was found to arise from both ventricles. In thirty-three, the foramen ovale was open; in fourteen, the ductus arteriosus was wanting; in four, the heart was single, consisting of one auricle and one ventricle; in five, the ventricular septum was imperfect; in twenty-two, the pulmonary artery was contracted; in five, that vessel was obliterated; in one, the aorta was obliterated; and in four, the aorta arose from the right ventricle, the pulmonary artery from the left.

The various malformations of the heart have been well investigated by different pathological writers, and especially by Meckel,[2] and Hope, and more recently still by Warnatz of Dresden—the last writer having described them in reference especially to kyanosis.[3]

The various malformations as given by Dr. Hope, are as follows: 1. The heart single, like that of a fish consisting of one auricle and one ventricle, from which a trunk originates that presently divides into pulmonary artery and aorta; 2. Two auricles and one ventricle. In one case the patient attained the age of 22. 3. The foramen ovale remaining open, which is the most common malformation. 4. The foramen ovale and ductusarteriosus both remaining open. 5. The foramen ovale and ductus arteriosus open and the pulmonary artery obliterated at its origin. In one case, the cavity of the right ventricle was nearly obliterated, and in two others the septum of the ventricles was perforated. To this division the case, described by Dr. Rohrer, would seem to belong. 6. Ventricular septum deficient; auricular imperfect. 7. Ventricular septum deficient at the aortic orifice, so as to leave a common opening into that vessel from both ventricles; this malformation being generally accompanied with contraction of the pulmonary artery, frequently with an open state of the foramen ovale, and occasionally with obliteration of the pulmonary artery and patescence of the ductus arteriosus. 8. Ventricular septum perforated towards the base, associated with contraction of the pulmonary artery and patescence of the base. 9. Foramen ovale open, and pulmonary artery arising from both ventricles, and giving off the descending aorta; whilst the ascending aorta arises in the usual way. 10. Aorta arising from the right ventricle, and the pulmonary artery from the left; the foramen ovale and sometimes the ductus arteriosus remaining open. 11. The right auricle opening into the left ventricle instead of into the right; and the ventricles communicating by an aperture immediately below the aortic valves. The foramen ovale open.[4]

The heart in the case described by our correspondent appears to resemble that of the higher reptiles (höheres Reptilienherz, of Meckel) the ophidian, saurian, and chelonian, which consists of two auricles with a partitioned ventricle or a single ventricle. Meckel[1] refers to many such cases described by Pulteney, Hunter, Sandifort, Nevin, Abernethy, Cruikshank, Prochaska, Caillot and Duret, Corvisart, &c. and Warnatz[2] to others by Kreyssig, Hartmann, Tiedemann, Gintrac, Senac, Wolf, Lexis, Spittal, Bird, Beckhaus, Hunter, and others; but although these cases greatly resembled each other in the fact of a ready communication existing between the ventricles, they differed greatly in the details.

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[1] Observations et Recherches sur la Cyanose ou Maladie Bleue. Paris, 1824.

[2] Handbuch der Pathologischen Anatomie, von Johann Friedr. Meckel, u. s. w. Band 1, S. 419. Leipz. 1812.

[3] Art. Kyanosis, in Encyclopäd. Wörterb. der Medicin. Wissensch. Band xx. S. 608. Berlin, 1839.

[4] Treatise on the Diseases of the Heart and great vessels, and Mayo's Outlines of Human Pathology, reprinted in Dunglison's Medical Library. Philad. 1839.

In Lexis's case,[3] the aorta arose from the ordinary place in the left ventricle, which was more than usually developed; at the same time, there was an opening through the septum ventriculorum in a straight line with the embouchure of the aorta, which permitted a free communication between the right and the left ventricle, in such sort that one half the aorta might be considered to open into the right and the other into the left ventricle. The pulmonary artery was greatly diminished in size.

In a case related by Bird,[4] besides hypertrophy of the heart, a ready communication existed between the right ventricle and the aorta, at the place where the pulmonary artery ought to have been, and at the same time the carotid arose from the left ventricle.

In another case, related by Beckhaus,[5] of a "blue" child, but a slight trace existed of the septum ventriculorum; the valve of the foramen ovale, which was open, and the eustachian valve were present; and the ductus arteriosus was divided into two branches, one of which went to the right and the other to the left lung from the aorta; the pulmonary artery was wholly wanting.

Generally, the pulmonary artery has been found of very small size, (*Abernethy*, *Sandifort*, *Stenson*, *Hunter*, *Nevin*, *Caillot and Duret*, *Hope.*) Duret and Caillot[6] not only found the mouth of the pulmonary artery very narrow, and the coats thinner than usual, but the artery itself entirely impervious, and the ductus arteriosus wholly obliterated. Ramsbotham[7] found the pulmonary artery entirely wanting, its place appearing to have been supplied by the bronchial arteries.[8] Romberg,[9] in a case of cyanosis, found the aorta near the heart terminate in a *cul-de-sac.* It had received its blood through the ductus arteriosus from the pulmonary artery which was of unusual size. The child lived four days.

It would appear, therefore, from all the pathological investigations which have been instituted, that the main causes of cyanosis, or of the admixture of venous with arterial blood, are; *first*, the want of closure of the foramen ovale; *secondly*, the patescence of the ductus arteriosus beyond the proper period. *Thirdly*, the patescence of both the foramen and the duct beyond the normal time. *Fourthly*, an abnormous opening or openings in the septum between the ventricles, which have thus a free communication with each other and with the aorta; and, along with this malformation, narrowness or obliteration of the pulmonary artery. *Fifthly*, defective formation of the heart, which consists of but one auricle and one ventricle; and *lastly*, abnormous origin of the vessels from the heart.[1]

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[1] Op. Cit. S. 427.

[2] Loc. citat. S. 610.

[3] Hufeland's Journal für 1835, St. 12.

[4] Horn's Archiv. für 1821, Hft. 1.

[5] De Deformationibus Cordis Congenitis, &c. Berol. 1825, cited by Warnatz.

[6] Meckel, and Warnatz Op. citat.

[7] London Medical and Physical Journal, Jan. 1829.

[8] See, also, Müller, in Horn's Archiv. für 1822, Hft. 3. Hunter, Medical Commentaries by Duncan, ix. 325.

[9] Dissert. de Corde Vasisque Majoribus, &c. Berol. 1824.

ART. II.—A LECTURE ON MONSTROSITIES,

Delivered at the Middlesex Hospital School of Medicine, Feb. 22, 1840.

BY JOHN NORTH, ESQ.

Lecturer on Midwifery, and the Diseases of Women and Children.[2]

(Concluded from page 137.)

Gentlemen:—In resuming the subject of anomalies of structure, I shall first speak of the congenital softness of parts which are naturally hard.

The bones are the only organs in man or animals in which a deficiency of hardness is found. You know that all parts of the osseous system are originally soft membranes; that those membranes, in the second stage of developement, become cartilaginous; and, finally, that this cartilaginous state is converted into bone. Bone in man, as well as in animals, is, generally speaking, formed in the latter parts of intra-uterine life. It follows, then, as a necessary consequence, that if those parts which ought ultimately to become bones, are retarded or arrested in their developement, either the membranous or the cartilaginous condition may remain longer than usual, or even remain permanent through life. Whether these will retain a membranous or a cartilaginous condition, must depend on the period of intra-uterine life at which the arrest or retardation of developement occurs. Either circumstance may take place in several bones, but usually it occurs only in one, or a portion of one bone. The bones of a child's head, for example, have not unfrequently been found arrested in their developement, in consequence of pressure. In some remarkable cases such pressure has been inflicted by exostosis, or a preternatural growth of the pelvic bones of the mother. These examples are remarkable, inasmuch as they realise, in the species in which they are observed, the normal condition of other species belonging to classes beneath them in the zoologic scale.[3]

Anomalies arising from an induration of parts which are naturally soft, are attributable to an excess of developement. Nearly all the soft parts have been found osseous, but usually as the result of disease. Individuals are occasionally seen, the whole surface of whose bodies, instead of being covered with skin, is covered with scales resembling those of a fish. Such persons have been called porcupine families. This condition constitutes a species of disease, of which there are several varieties, termed *ichthyosis*.

There are various anomalies in the situation of parts, which arrest attention from their practical importance; they can only be explained by the theory of eccentric developement. Those organs are most liable to anomalous changes of position, which, in the early periods of fœtal life especially, are but slightly united to the adjoining parts. Displacement of the brain is by no means uncommon, constituting *hernia cerebri* or *encephalocele*. The brain may protrude at all the sutures, and between those portions of bone, the union of which takes place at so early a period of embryonic life that their primitive separation has only recently been known. For example, the brain may protrude between the two portions of the occipital bone, which ought to become permanently united. St. Hilaire mentions, that in one case a large portion of the brain protruded between the two halves of the occipital bone, which remained severed in consequence of an arrest of developement; it was mistaken for a common tumour, and was removed by a surgeon. The child died in a few hours after the performance of this ill-judged operation. Such children usually die soon after birth. Displacement of other parts not unfrequently occurs; for instance, of the lungs and the heart. The heart has been known to protrude through the parietes of the thorax. Most of these children are incapable of living, but a few have lived for many months. The digestive organs are frequently displaced, as well as the heart. Sometimes the diaphragm has been perforated, so as to admit the abdominal viscera into the thorax. Exomphalos, or umbilical hernia, may occasionally arise after birth, in consequence of the digestive viscera being pressed against the recently-formed and tender navel; but generally exomphalos is a primitive malformation, and the part protruded a portion of the small intestines; but sometimes a part of the omentum, or large intestines, or the liver, protrudes, in consequence of the abdominal parietes being deficient. The whole of these anomalies arise from the persistence of a fœtal condition. You are aware, from observations I formerly made when upon the subject of embryology, that till about the third month of utero-gestation the intestines are collected together, and lie outside the abdominal cavity. They form a mass inclosed in the sheath of the funis, which, at that time, is very large; and which, at that early period of embryonic life, is the substitute for the yet unformed abdominal parietes. When the abdominal parietes are almost entirely formed, there is scarcely any opening left but that at the umbilicus, through which a portion of the intestine may obtrude. The majority of children, if born alive with umbilical hernia, die a short time after birth. Occasionally, where the hernia is very small, and unconnected with other malformations, the child, if properly managed, may continue to live and enjoy tolerable health. Various internal displacements of the digestive organs are occasionally found, many of which are not otherwise important than as showing that they are almost always the result of the persistance of some stage of embryonic life.

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[1] Warnatz, Op. citat. S. 616.

[2] London Lancet, March 14, 1840, p. 913.

[3] Otto, "Lehrb. der Path. Anat." mentions a very remarkable example of this kind. A woman, who had exostosis of the pelvis, gave birth to four children, in each of whom a small part of the cranium was depressed and not ossified.

An anomalous position of the urinary and genital organs is not very uncommon; the bladder may protrude through an opening at the pubis, or the recti muscles on either side; its displacement through the pubis is not unfrequent; the bladder does not quite protrude, but looks like a subcutaneous tumour more or less above the pubis; this is called *extroversion* of the bladder. The bladder is not merely displaced, but its developement is arrested, its mucous membrane is turned out, and it is this which gives it the appearance of a reddish, soft tumour, opposite the symphisis pubis, or a little above it; at the upper portion of the tumour are generally found two small apertures, which are the openings of the ureters; through these openings the urine distils *guttatim*. It so happened that the first case I ever dissected presented a malformation of this kind; and here [presenting it] is a drawing of it taken at the time:—The anterior portion of the bladder is wholly wanting. The tumour, in these cases, projects more or less, and may be diminished by pressure; so long as the child is quiet the tumour is little, if at all, above the surface of the abdominal integuments; but when the child cries or strains, it is considerably elevated above them. In several cases where there has been this extroversion of the bladder, the umbilicus has been entirely hidden by the tumour, or has, perhaps, been lying under the protruded portion of the bladder; and hence it has been thought that certain children have been born without a navel, an occurrence which is physiologically incredible. As the urine is distilled *guttatim*, through the orifices of the ureters, which are represented in the drawing, the function of the urethra is not called into action; and according to a physiological law the urethra becomes impervious. The same remark applies to all canals, whether blood-vessels or any other tubes; if they are not called upon by nature to perform their function of transmitting the fluid that should naturally pass through, then they cease to be canals. The opening at the pubis or recti muscles, which is found in cases of extroversion of the bladder, is clearly and unequivocally an arrest of developement; nature has stopped in her work; in fact, the developement is not completed.

Extroversion of the bladder is always a serious malformation, for the discharge of urine is involuntary, and constantly going on from the ureters.

An anomalous situation of the testicles is neither uncommon nor practically unimportant. The testicles may descend sooner than usual, from an excess of developement, nature having terminated her processes more rapidly than she generally does; more frequently, however, the testicles do not descend into the scrotum at the usual time, from an arrest of developement; they may not descend till the ninth month of pregnancy, or even for weeks, months, or years, after birth, or they may never descend at all. They are often arrested at the inguinal canal for several years. In all these cases there is a persistance of the fœtal condition, and the situation of the testicles is analogous to the natural structure of various animals, in many of which the testicles remain permanently in the abdomen. None of these cases affect the generative powers of man; indeed, the popular belief is, that men whose testicles do not descend into the scrotum, are generatively more vigourous than those whose testicles are in their natural situation. If the testicles remain permanently in the abdomen, no external examination could convince the inquirer that those organs existed at all; and no doubt it is to this circumstance that we must refer those cases in which it has been imagined that men were capable of exercising their generative functions without testicles. Cases of anomalous situation of the testicles have occurred which are extremely important; at the age of puberty the testicles have appeared in the form of small tumours at the groins, and serious mistakes have arisen. If, at the age of puberty or before, a boy complains of a small swelling in the groin, be careful before you make up your mind as to the nature of the case or the treatment to be adopted; examine the scrotum, and ascertain whether the testicles are down. I have known cases in which the testicles forming tumours at the inguinal ring, have been mistaken for hernia; a truss has been applied, and inflammation and great suffering have been produced by the ignorance or carelessness of the practitioner. I shall afterwards enter into some details upon this subject.

Displacement of the kidneys is by no means a rare species of anomalous position of parts; one kidney is occasionally found, not in its natural situation, but in the pelvis. This is worth observing, because it refutes a physiological error. In cases of this kind the supra-renal capsule is retained in its natural situation, showing that the opinion of certain physiologists, who assert that the supra-renal capsule and the kidney are dependent upon each other, is incorrect; for when the kidney is in the pelvis, the supra-renal capsule retains its normal situation, condition, and size.

There are various displacements of organs which are not contained in the digestive cavities; for example, club-feet. Club-foot is, however, very frequently associated with other malformations. In 38 cases of anomalous structure, at La Maternité, of various kinds, Chaussier observed club-foot in 37 of them. This malformation may exist alone, but usually it is associated with other and more important organic deviations. Generally speaking, we see club-foot in acephalous children, *i. e.* monsters born without a brain, or merely a rudimentary brain.

Club-foot frequently arises from mechanical pressure inflicted during pregnancy, but generally there is an imperfect developement of the bones of the tarsus; it also occurs from rickets during intra-uterine life. When the foot is turned in, which is the most common species of club-foot, it arises from a persistance of the fœtal condition, for at an early period of embryonic life the foot is turned more or less inwards. Here we find another proof of the curious fact, that anomalous structure in man represents the natural structure of a great many animals. Sometimes the foot is thrown downwards, (the pes equinus, of authors) another example of arrest of developement occurring at a very early period of intra-uterine life, and again exhibiting in man the natural structure of many animals. Many mammiferous animals have their feet directed vertically downwards, and only rest in standing on their toes and nails. Similar distortions are occasionally seen in the hands.

The hair of the eyelashes is sometimes turned in at birth, constituting what is termed *trichiasis*, which occasionally occurs also after birth. The hairs being turned in on the globe of the eye, of course cause great irritation. It is not my object to speak of the treatment of these cases.

The blood-vessels, nerves, and muscles are subject to various anomalies of position. It is almost impossible to dissect a body without finding variations in the origin and termination of muscles, and in the course and distribution of blood-vessels. The latter are extremely common, some of these variations being of no moment, while others are very important in reference to practical surgery. The surgeon, when about to perform an operation, presumes that the blood-vessels to be involved in it are in their natural position; but he should know the possibility of this not being the case, and therefore will be careful to make an examination, and prepare for any accident which may arise from their abnormal situation.

All organs, however intimately connected with adjoining parts, may be displaced at birth, and most of these occurrences are explained by an arrest of developement, so that that becomes a permanent condition which, normally, should be only temporary. Sometimes in exomphalos, or congenital umbilical hernia, the organs have not quitted their natural position—they have never occupied it. The protruded part or parts have not escaped from the abdomen, as is generally asserted; congenital umbilical hernia is generally formed in a different way; from an arrest of developement the protruded parts have never arrived in the abdominal cavity. Sometimes, however, this species of hernia occurs after birth, the intestine having protruded from its natural place, and passed through a more or less dilated opening, or an opening which remains beyond the usual period.

The jaws are sometimes so narrow that the dental arch is incapable of holding all the teeth it is naturally destined to contain. This is not of practical importance; it is merely one item in the general account, illustrating the curious physiological fact of anomalous structure in man so frequently resembling the normal structure of animals; for in many animals we find the teeth standing one before another, from narrowness of the jaw. Another singular anomaly with respect to the teeth is, that they are sometimes merely fixed in the gums, resembling many fish, where they are not fixed in bony alveolar processes, but simply adhere to the soft parts. This supports the opinion of de Blainville and other physiologists, who assert that the teeth are dependent on the integuments rather than on a connection with the osseous system.

The whole of the lymphatic system is so uncertain in its distribution, that no detail has ever been attempted of it. Less commonly, but still not very rarely, we find similar variations in the distribution of the arteries and veins. The vena azygos, for example, varies so greatly in its course as to be scarcely twice alike. The jugular veins, again, are by no means constant in their course. The system of the vena portæ offers many variations in its distribution. The arch of the aorta and the vessels which arise from it often vary in their direction. Numerous other deviations exist occasionally in the distribution of blood-vessels in the human subject.

The knowledge of some of these facts is of practical importance. For example, neither the distribution of the veins nor the arteries at the bend of the arm is always the same. The common operation of venesection is generally performed upon the median cephalic vein. If the median basilic vein is chosen, the artery may be wounded. And the lancet ought never to be introduced before the situation of the artery is ascertained; for the division of the brachial artery into the radial and ulnar sometimes takes place much higher up than usual. Sometimes the brachial artery divides at the upper part of the arm, and then the branches which proceed from it correspond with the basilic and cephalic veins. Portal observes, that where there is this unusual bifurcation of the brachial artery, it is generally associated with a similar high division of the crural artery.[1] Again, the obturator artery generally arises from the hypogastric, or internal iliac artery; but not unfrequently it is given off by the epigastric artery. This is an irregularity in the distribution of blood-vessels of importance in reference to the operation for hernia.

Sometimes the ureters open into the urethra, and in such cases the bladder is generally absent. This is the natural structure of many animals. The ureters may open into the vagina or rectum. The vas deferens may open into the bladder or ureters. The vagina, or neck of the uterus, has been known to open into the bladder or rectum. In the latter case a woman may conceive and bear children. The anus has been known to enlarge sufficiently, with some laceration of the perineum, to admit the passage of the child during labour. In one case related by Portal, a woman had apparently no vagina, but only a small opening for the passage of the urine, and she had always menstruated by the anus. She was impregnated by the rectum, and at the end of pregnancy the very small opening near the pubis, by means of which it was impossible she could have been impregnated, enlarged, and delivery took place by the natural passage. The intestinal canal has very frequently been known to open at some other part than the anus. In those cases there is a deficiency of the intestine, the gut ending where the anomalous opening is. This is important, as I shall afterwards mention, in reference to the treatment of imperforate anus.

Irregular openings of the male urethra are by no means uncommon. I have seen three instances. Sometimes it opens at the upper part of the penis, constituting a species of malformation technically termed *epispadias;* at other times the opening is on the lower part of the penis, constituting another species of malformation, called *hypospadias.*

Occasionally, some of the natural openings of the urinary organs are found wanting. Most of these anomalies arise from a persistance of the early structure of the embryo, and represent in man the natural state of inferior animals. The intestines have been known to terminate in the bladder. The expulsion of the urine, mixed with meconium, is a clear proof of that phenomenon. In most cases death is the result of these malformations, but sometimes infants have lived for months with them. A remarkable case occurred to Fournier, of the rectum opening into the vagina. He was called in by three pupils, who had been attending a woman in labour for three days. Difficulties arose; the bowels were much constipated, and the patient had not had a motion for some time. He desired a glyster to be thrown up; the pupils attempted to administer it, but failed, without knowing the reason. Fournier examined the patient, and found no anus, and on introducing his finger into the vagina, found that the end of the rectum was loose, and pressing upon the womb, as it was filled with fæces. There was no spincter ani. The opening of the gut was as large as its diameter. A canula was introduced, and the rectum cleared by a glyster; it was loaded with scybala and cherry-stones. The labour terminated well and easily.

Any of the external openings of the body may be wanting. The vagina may be completely imperforate, and so may the hymen. In these cases the menses have been retained; symptoms of pregnancy have existed, and serious mistakes have been made in practice, which I guarded you against early in the course.

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[1] This is an error on the part of M. Portal. A high division of the crural artery is infinitely more rare than that of the brachial.—*Sub. Ed. L.*

In other cases the urethra is imperforate, either at the glans penis only, or a large portion of the canal may be impervious. I have seen two cases in new-born infants, in which the orifice of the urethra was merely covered with a delicate membrane, which was removed without the slightest difficulty. But when the urethra is thus closed, we cannot be certain, before this slight operation, how far it is imperforate, or how serious the case may be. If the passage be wanting through a considerable part of the canal, the case is scarcely remediable. In some cases the opening of the nostrils has been found closed. Sometimes, as in the urethra, the obstruction merely consists of a thin, delicate membrane; at other times there has been a permanent adhesion of the nostrils. Sometimes the iris is imperforate, in consequence of the persistance of the two original halves of the membrana pupillaris. Sometimes the membrana pupillaris disappears spontaneously after birth, but that is very rare. It may always be assumed that the child will remain blind, unless the membrana pupillaris be removed by operation, as it once was by Cheselden in a case of this kind. Imperforation of the os uteri is not very uncommon. In some cases this anomaly arises from a membrane closing the os; in others, from the lips being united. Here is a specimen where it is scarcely possible to introduce a needle into the os uteri. Of course, although the os uteri be imperforate, the menstrual fluid will be secreted, but cannot be discharged, and then it will be necessary to make an incision into the uterus, as has been done by Delpech and others, with success. The uterus may expand to the size of pregnancy, from the gradual accumulation of the retained menses in its cavity, and all the ordinary phenomena of utero gestation be produced. Incisions have been made in many such cases into the uterus, and the patients have subsequently done well, and borne children. All canals lined with a mucous membrane, continuous with the skin, are liable to have their natural openings imperforate. This organic condition, which is frequently referred by pathologists to disease, is really attributable to an arrest of developement, from the persistance of a state which naturally ought to be only transitory.

The persistance of the ductus arteriosus, or foramen ovale, after birth, is by no means unimportant or uncommon. Either of these anomalies is occasionally found without other malformations of the vascular system, but this is rare; usually the heart is malformed. The embryonic or fœtal structure remains, and resembles the natural structure of reptiles. The persistance of the inter-auricular orifice and ductus arteriosus does not always, or even commonly, produce any particular symptoms during the first days of life, provided it do not oppose the perfect oxygenation of the blood; but such malformations sooner or later cause a disease called cyanosis, which I shall describe in a future lecture.

A complete inversion in the situation of the thoracic and abdominal viscera, the blood-vessels, and nerves, occasionally exists; all those organs which are ordinarily on the right being placed on the left side. Complicated as this deviation from the general plan of nature undoubtedly is, no disturbance of function is caused by it; and this well-known fact admits of an easy explanation. If the heart, for example, be placed on the right side of the thorax, as the situation of all the great blood-vessels is also inverted, and as they preserve their normal relations with the different cavities of the heart, the circulation of blood is not disturbed. If the spleen be placed on the right side and the liver on the left, the process of digestion is not interrupted, inasmuch as the position of the stomach is also inverted, and the normal connection between these organs still remains. There are many examples on record of such complete transpositions of all the viscera, without injury to the health of the individuals. An ingenious attempt has been made by Serres[1] to explain the cause of these transpositions. He states that his embryological observations lead him to infer that the liver is in fact a true centre, around which all the other organs range themselves in a regular manner. That the unequal developement of the two lobes of the liver, which are primarily equal and symmetrical, exercises a direct or indirect influence upon all the other thoracic and abdominal organs, and determines their definitive situation in both cavities: and that if the developement of the lobes of the liver deviates from the natural and ordinary course, a transposition of the thoracic and abdominal viscera necessarily results. The merit of plausibility may, perhaps, fairly be given to this speculation of M. Serres, but so far as I know it stands much in need of confirmation.

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[1] "Recherches D'Anatomie Transcendante," &c. p. 108, et seq.

The subject of hermaphrodism occupies from 60 to 80 pages in the work of Geoffroy St. Hilaire. All I can say is this, that although we see many instances of true hermaphrodism in the animal and vegetable kingdoms, no such cases have ever existed in the human subject; no human hermaphrodite, in the proper sense of the term, has ever existed; not a single so-called hermaphrodite in man has even been capable of performing the sexual functions of both sexes. All the alleged cases have merely arisen from various malformations, either of imperfectly formed men or imperfectly formed women. In consequence of malformations of the genital organs, girls have been educated for boys, and *vice versâ*. In several cases individuals who had been educated and looked upon as males have suddenly astonished the world by being delivered of children; and, in other cases, malformed men, who have been supposed to be women, have lived for many years as the wives of men, and the fact has not been discovered till death took place. The details of the various malformations which have led to these mistakes, are to be found in most works on physiology.

With respect to the frequency of monsters, so far as statistical accounts have been made, it appears that some kind of malformation occurs about once in three thousand births. We rarely find one anomaly alone. Sometimes the anomalies are of such a kind as to offer no impediment to the enjoyment of health; in other instances they lead to the speedy extinction of life.

Monstrosity is much more frequent in the higher than the lower animals: this fact admits of an easy and at least a very plausible explanation. The more complicated the organisation, the more stages of developement the various organs have to pass through, and the more likely, therefore, is their developement to be interfered with from various causes, than in the simply organised.

The birth of a child of monstrous formation is not usually to be anticipated by the occurrence of any particular symptom during the pregnancy of the mother. When the fœtus is of monstrous formation, the mother, generally speaking, is in good health, and has had well-formed children before. There is scarcely an example on record in which women have produced monsters at their first labour. Occasionally we may suspect that the fœtus in utero is of anomalous structure: for example, parents who are ill-formed are likely to transmit to their offspring the same organic characters which they themselves possess; but we are not to suppose that they cannot have children of natural structure. In some cases a knowledge of the previous pregnancies may afford us useful information. Some well formed persons have a sort of predisposition to give birth to children of anomalous formation, just as some parents who are healthy have a predisposition to give birth to children disposed to particular diseases. Thus, it not unfrequently happens that the offspring of young men and women who appear to be well formed and in perfect health, are all acephalous or consumptive. These facts are not capable of explanation.

Although in many cases no peculiar symptoms precede the birth of a child of anomalous structure, in others the mother, during her pregnancy, especially during the first months, has laboured under disease, or suffered from falls, or other bodily injuries, or powerful moral emotions. In such cases, it has frequently happened that the health of the mother has been speedily re-established, and there was every reason to hope that no mischievous effects had been produced. In other cases of the kind the mother has suffered more or less from the bodily or mental injury until the period of her labour.

Children who present some slight anomaly in their formation are usually born at the ordinary period of pregnancy, and their delivery is not attended by any remarkable circumstance. But the birth of beings of positively monstrous formation is frequently accompanied by circumstances which deserve attention. The birth of many monsters occurs before the usual period, and sometimes it is retarded beyond the natural term of pregnancy. Double monsters are usually born at the seventh or eighth month of utero-gestation, and, as might be imagined, the act of parturition is generally increased in difficulty. But still it appears that no species of monstrosity absolutely excludes the possibility of natural or manual delivery. The delivery of double monsters is, as might be expected, frequently long and laborious; but St. Hilaire knows of no recorded case of the kind in which the mother has perished during labour, or in which, for the purpose of rescuing her from impending danger, either the Cesarian operation, or embryotomy, was required.

The efficient causes of monstrosity.—Upon this part of the subject writers of the 16th and 17th century gave full play to their imagination, and accumulated many whimsical and absurd hypotheses. Monsters being, in their belief, entirely out of the pale of the general plan and ordinary rules of nature, they were compelled to have recourse to the influence of wonderful causes. Hence those extraordinary births which were attributed to the adulterous connection between men and beasts, from which deplorable and absurd prejudices some paid the price of their liberty, and others of their lives. Hence also the supposed intervention of the Deity, who was thought to create monsters for the purpose of astonishing or terrifying man; or of demons, the origin of evil, placed almost universally after the Deity, by the singular consent of the gross superstition of the people, most of the ecclesiastics, and even the philosophers of various sects. All these hypotheses, the product of the darkness of the middle ages, have long since ceased to have any influence; and even before the idea was maintained that beings of monstrous formation did not depart from the general laws of physiology, no trace of such speculations remained. The opinion gradually arose that both the causes and effects of monstrosity were simple and regular. And such, in fact, is the nature of all those causes of anomalies which have hitherto been proved by observation, and which are generally the hereditary transmission of monsters: diseases which have attacked the mother; violence inflicted upon her, especially upon the abdomen; and lastly, the influence upon the mother of some powerful moral emotion in the first months of pregnancy. St. Hilaire offers many interesting remarks upon some of these cases, and claims for his father the discovery and the demonstration of the remarkable fact, that there are certain monstrosities which are always produced by some mechanical violence inflicted upon the abdomen of the mother; namely, those in which the cranium is open, and in which the brain is deficient, and a vascular tumour exists in place of it. He states, that whenever it has been possible to learn all the circumstances of a pregnancy which has terminated by the birth of children thus monstrously formed, it has always been clearly proved that the mother had either suffered from some violent blow or long continued pressure upon the belly. In the few cases of the kind in which no external violence could be proved, the mother had suffered from some violent moral emotion, the immediate effect of which was a powerful and sudden reaction of the abdominal viscera; or she had suffered from some severe abdominal disease.

I cannot enter into the details of the cases related by St. Hilaire, in proof of his arguments upon this subject; to me they appear clear and convincing.

Connected with the subject of the efficient causes of monstrosities, there is another question of very difficult solution, and which has long excited the attention of physiologists, viz. the influence of moral impressions of the mother upon the fœtus in utero. The all-powerful influence of this cause would, no doubt, be one of the best proved facts in physiology, if the truth of an opinion could always be inferred from the number of its supporters, or the force of their conviction. In proof of the antiquity of the belief of the influence of the mother's imagination upon the young in her womb, the stratagem of Jacob, to increase the "party-coloured lambs" of Laban's flock, is referred to by all writers. Even in the present day, this doctrine is supported by many writers, and is more or less generally admitted by all classes of society. A few modern physiologists, indeed, have entered their protest against it, and are inclined to exclude, altogether, as an efficient cause of monstrous formation, the moral influence of the mother, which the elder writers regarded as certain and quite satisfactory. There can be no doubt that some anomalies originate from moral motions experienced during the course of pregnancy by the mother; and upon this subject St. Hilaire offers some, at least plausible, remarks. There are various kinds of moral emotions or impressions, no matter whether grave or gay, pleasurable or disgusting. Some are violent and sudden; others weak and momentary; others weak, but more or less permanent. Each different kind of influence upon the mind will produce different effects. This is confirmed by facts. Violent and sudden emotions of the mind very frequently produce as great bodily disturbance as mechanical injuries, and may, no doubt, cause imperfection in the structure of the fœtus. Many remarkable proofs of the truth of this theory are given by St. Hilaire, and numerous writers.

The influence of slight but permanent mental emotions of the mother upon the structure of the fœtus in utero, is not proved by facts equally convincing, but can scarcely be altogether discarded. There are not wanting well authenticated examples of malformed or even monstrous infants given birth to by women who had suffered during their pregnancy from long continued mental despondency and grief. The efficiency of such a cause to produce the alleged effect is too probable to admit of a hasty denial; but further than this we cannot go; we cannot admit the influence of slight and momentary moral impressions of the mother upon the fœtus. According to the popular belief, if a pregnant woman look at a particular object, is disgusted or frightened by it, and, above all, if she "longs" for it, it very frequently happens that the resemblance, both in shape and colour of that object, will be imprinted upon the body of the fœtus; and hence the popular rule, that a woman with child must have all her longings gratified, lest the child should be marked. In support of this belief you will find, in numerous writers, a very imposing array of so-called facts. But examine them closely, and you will also find the evidence upon which they rest is any thing but satisfactory. In cases of this kind the presumed cause of the "mark" or anomalous structure of the child, is never thought of until it is seen at its birth, and then, for the first time, some circumstance or another that occurred during pregnancy, is referred to as the cause of the mark or malformation. Still, as Dr. Blundell says, "in matters of this obscure and uncertain kind, to ridicule, without giving ourselves the trouble to examine, is at once petulant and unphilosophical;" and I refer you to two or three remarkable and authenticated cases, which he has recorded, which show a curious coincidence between impressions made upon the mind of the mother, and appearances upon the body of the child.

Thus, gentlemen, I terminate a confessedly brief and very imperfect sketch of the modern researches upon the subject of monstrosity. I have done, however, all I intended; and, if you will take my advice, as *students* you will go no further into this now very extensive subject. If you are inclined to approach it at a future time, you will find the works of St. Hilaire and Serres, which I have so frequently referred to, by far the most complete. The great and most striking faults of the former are dry and tedious details, fatiguing repetitions, and minute, and, in my humble opinion, very unnecessary divisions.

BIBLIOGRAPHICAL NOTICES.

Tweedie's Library of Medicine.[1]

This is the first volume of the Library of Medicine—edited by Dr. Tweedie—which we announced some time ago. It is intended, that there shall be a series of works on different departments of medical science. The first will comprehend "Practical Medicine," and of this series the volume before us is the first. The second will embrace practical surgery, and the third midwifery, the diseases of women, and the diseases of children, &c.

The other departments of medical science will be treated of in successive volumes.

The volume before us—which is a reprint from the London edition by the enterprising publishers Lea & Blanchard—embraces the following subjects and authors. An introduction on general pathology, by Dr. Symonds; inflammation, by Dr. Alison; general doctrines of fever and continued fever, by Dr. Christison; plague, intermittent fever, remittent fever, and yellow fever, by Dr. Shapter; infantile gastric remittent fever and puerperal fevers, by Dr. Locock; smallpox, by Dr. George Gregory; measles and scarlatina, by Dr. Burrows, and diseases of the skin, by Dr. E. Schedel.

It would appear, from the advertisement of the American publishers, that the subsequent volumes—some of which have been received—will appear in quick succession "should sufficient encouragement be afforded." We sincerely trust, that no difficulty will be experienced on this head. A work like the present—each volume, by the way, complete in itself—should be in the hands of every one who can afford it. Without the appearance of such productions from time to time, it is indeed difficult to keep pace with the changes and improvements that are taking place in pathology, and therapeutics, and he who would remain a routinist, unenlightened by the observation and reflections of others, must consent to be thought a laggard, and far inferior to his more industrious and enterprising brethren.

We can strongly recommend this series to the attention of all; not simply of the young, but of him who has grown gray in the service; and—as is too often the case perhaps—prides himself upon his own information derived from his individual experience, when a brief reference to works like the one before us would have spared him much strife after originality, and showed him the fallacy of many of his own inane speculations, and, possibly, inert or injurious therapeutical practices.

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[1] Dissertations on Fevers, general pathology, inflammation and diseases of the skin. By J. A. Symonds, M. D. Physicisn to the Bristol General Hospital, Lecturer on the Practice of Medicine at the Bristol Medical School, &c.; W. P. Alison, M. D. F. R. S. E., Professor of the Institutes of Medicine in the University of Edinburgh; Robert Christison, M. D., Lec. R. S. E., Professor of Materia Medica in the University of Edinburgh, and President of the Royal College of Physicians, &c.; H. E. Schedel, M. D., Paris; Charles Locock, M. D., Consulting Physician to the Westminster Lying-in-Hospital, &c.; George Gregory, M. D., Physician to the Small Pox and Vaccination Hospital, &c.; George Burrows, M. D., Assistant Physician and Lecturer on the Practice of Medicine at St. Bartholomew's Hospital, &c.; Thomas Shapter, M. D., Physician to the Exeter Dispensary, &c. Edited by Alexander Tweedie, Fellow of the Royal College of Physicians, Physician to the London Fever Hospital and to the Foundling Hospital, &c. Large 8vo. pp. 561. Philadelphia, 1840.

MISCELLANEOUS NOTICES.

Jefferson Medical College of Philadelphia.[1]—The published announcement of this institution contains an exposition from the faculty of the wholesome condition of the school, with an address from the Board of Trustees, who express their conviction "that at no time has the school been more effective, or more in a condition to fulfil the warmest hopes and expectations of its friends," that it "now presents advantages unsurpassed by those of other institutions," and that they feel satisfied "the institution is admirably calculated for a career of extensive and enduring prosperity." For the list of Professors, &c. we refer to the cover of the Journal.

To the announcement are appended the names and residences of *eight hundred and thirty-two individuals*, who have received their degrees from the institution.

Albany Medical College.—The catalogue and circular of the Albany Medical College, contains the names of 73 students, and 17 graduates for the session of 1839–40.

Digestive Organs of Infusoria.[2]—After careful microscopical observations of the digestive organs of infusoria, M. Meyen has arrived at the conclusion that the rounded bodies seen in these animals, particularly after the ingestion of coloured food, are not cœcal pouches, or stomachs continuous with the alimentary canal, as described by Ehrenberg, and believed by many able physiologists; but that they are isolated globules of ingested substance; moving freely in the abdominal cavity, and unrestrained by membranous parietes. These globular bodies were first noticed by Gleichen in 1781, after feeding infusoria with indigo and carmine, when he observed that the particles of each substance formed in a very short time globular masses in the interior of the animals. Ehrenberg thought he could trace a flexuous intestine along the course of these globules, which he has delineated in his splendid work. More recent observers have failed in their search for this intestine, but have seen the globules changing their position, and sometimes making a complete revolution along the internal parietes of the animal. M. Meyen explains their formation in the following manner. He says, that the particles attracted towards the buccal orifice by the action of cilia, are conveyed along the œsophagus to the stomach, where they are collected into a globular ball, and surrounded by a mucous secretion; that the stomach opens abruptly into the abdominal cavity without an intestinal prolongation, and into this cavity the balls are protruded, being connected with each other by the mucosity surrounding each successive globule; that when the abdominal cavity is filled with these balls, they are expelled through the anal orifice. The sacs which are seen in other infusoria are not, according to M. Meyen, stomachs, but cœcal cavities containing fluid, varying in size, appearing or disappearing under the eye of the observer, and having no communication with the exterior. They resemble cavities which are formed in the mucus of true cellular plants, particularly aquatic cryptogamia. If these views of M. Meyen should be verified by other investigators, and be found correct, the term polygastrica as applied to the class of infusory animalcules, will require alteration.

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[1] Jefferson Medical College of Philadelphia. Annual announcement of Lectures for the session 1840–1, with a catalogue of graduates of the institution. 8vo. pp. 16. Philadelphia, 1840.

[2] Abridged from the Edin. New Phil. Jour. in Lancet, May 16, 1840, p. 287.

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For the American Medical Intelligencer.

Art. I.—ON HYDROPHOBIA.

BY JAMES MEASE, M. D.

A case of hydrophobia that occurred recently near Holmesburg, Philadelphia county, and related in the North American by Dr. Willson, the attending physician, furnishes materials for a few remarks, which I hope will be found useful. There may probably be another reason for my "coming out" on the present occasion. You know Dr. Franklin long since said, that "nothing gives an author so much pleasure as to see himself quoted," and I presume the remark may be extended to his finding positions and principles which he first broached, supported, and confirmed by the frequent and subsequent experience of mankind. At all events it applies to myself on the present occasion. My own observations on the disease produced by the action of the canine virus on the human system, and the facts detailed in the recent, and a multitude of other cases which I had perused previously to the year 1792, when I wrote my inaugural dissertation on it, and since that date, had, and have satisfied me of the truth of the following positions, which I think may be received as hydrophobic axioms.—That neither the size of the wound, the age of the animal, wolf, dog, cat, or fox inflicting it, the stage of the animal's disease, nor the part of the body bitten, have the smallest influence upon the early or late operation of the poison, upon its virulence, the duration of the disease, or progress to its truly awful termination, which, notwithstanding all the modern and very great discoveries in physiology, and pathology, and a host of new remedies, never fails to take place. I could refer to cases enough in point to fill a page.

The case of Charles Baker, to which I have just alluded, under the care of Dr. Willson, is an instructive one, and is similar to that of the coloured boy Yorke, recorded by Dr. Physick in the 5th volume of the New York Medical Repository. 1. Both were bitten by puppies which they had been teasing; Yorke was wounded in one of his big toes, and Baker in one of his thumbs, and owing to the small size of the wounds made by the sharp pointed teeth of the animals, it is probable that in either case no more virus was inserted than is used of the cow-pock to vaccinate. 2. Both were unconscious of the cause of their affliction. When I questioned Yorke about the bite, he replied, with that quickness peculiar to hydrophobic patients, "oh, it was nothing—a mere scratch near my toe."[1] Baker's "thumb was tied up, the wound (as usual) healed, and he went to his business," and when indisposition appeared, he ascribed it to too much cold lemonade he had taken the day before. 3. From my inquiries respecting Yorke, I learned that after returning from market in the morning, he amused himself by teaching a puppy to fetch and carry for some time in the kitchen, and very probably switched or slapped it for not doing as desired; finally the whelp snapped at Yorke's toe, who then struck him with his hand and drove him out of the house, to which he never returned. Baker "amused himself by pinching the tail of his puppy, to make him show his agility by jumping, snapping, &c." I think, therefore, it may be conceded, that neither of the animals exhibited any indisposition previously to their biting, or the boys probably would not have disturbed them; if they had been sick, they would not have submitted to the irritating treatment they received, without early exhibiting marks of resentment, and using the constitutional mode of revenge to which they were finally driven by the idle conduct of their tormentors. The conclusion is that their saliva was rendered poisonous by reason of the passion excited in them. That persons have died of hydrophobia after receiving a bite from dogs when in a state of temporary irritation, and they remaining in good health after the death of the persons they had bitten, there can be no doubt. Several years since (1819) I had occasion to notice the fact in a paper on the disease,[1] when I recorded a case communicated to me by Dr. Joseph Glover of Charleston, S. C., and referred to two others, one noticed in the Edinburgh Med. and Surg. Journal, for 1817, and one in Dr. Bardsley's Medical Reports, who quotes the fact from the work of Martin Lister. In none of these cases is it mentioned that the dogs had been irritated previously to biting. If Dr. Glover can inform us on this point, in reference to the case he attended, I will thank him.[2]

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[1] Having visited Yorke with Dr. Physick at his request, I inquired minutely into his case, and have given the result in page 292 of the volume of the Repository mentioned above. The case occurred in the year 1801. Sixty-two ounces of blood were taken away by Dr. P. without the least diminution of the violence of the symptoms. I

It does not appear that any attempt was made to relieve Baker, although the unusual duration of the disease (six days) gave ample time for experimenting. Copious bleeding from the arm in the disease ought to be made an indictable offence, after the ample experience we have had of its total inutility, from the time of Boerhaave to that of the boy Yorke. Although a man may have a right to add M. D. to his name, he has no right in the sight of God, to "kill by license," and such is the phrase I should apply to a death by the disease after the experience of one hundred years against a remedy by the use of which a cure was attempted.

4. The case of Yorke proved the theory I first broached and supported in my inaugural dissertation respecting the cause of the horror of swallowing liquids, viz. the pain in the throat, of which the sufferers constantly complain in every attempt, and I explained the reason (p. 35) why in *some cases* solids at the same time were swallowed readily, as was observed in Baker. Fluids, I remarked, could not overcome the spasmodic action excited by liquids in the throat, and a convulsion is the result, while solids by their distending power overcome the stricture and resistance to their progress excited by the spasm, and thus descend into the œsophagus with ease. Dr. Physick adopts this explanation in his account of the boy Yorke, and adds, "in swallowing liquids the glottis must be closed by the action of its muscles, whereas by solids the epiglottis is pushed down mechanically so as to cover the aperture with little, if any muscular action." He proposes tracheotomy to relieve the difficulty of respiration from the spasmodic

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recommend the statement of Dr. P. and my own on the case to the inquirer on the disease. I there refer to another case of it (communicated to me by the late Dr. David Ramsay, of Charleston, South Carolina,) from a very small wound which had been forgotten by the sufferer and his family.

[1] Medical Recorder, Philadelphia, vol. 2d.

[2] The puppy from which Bȧker received his bite inflicted wounds the next day upon a man and a boy who, it is said, "were also fond of the sport of teasing," and then disappeared.

affection of the muscles of the throat; but it must be evident that this would only be a temporary remedy, and such he seems disposed to consider it. To cure the disease, one operating upon the system generally, or on a part which affects sympathetically the whole system of nerves and blood-vessels, must be used, and such I esteem *inflaming the spine with caustic potash* in the manner first adopted by Dr. Hartshorne of Philadelphia, and since by others,[1] with marked success in tetanus, which disease and hydrophobia I firmly believe have their main seat in the spinal chord.[2] Dissections leave no doubt on the subject, and it is to this its origin, and these parts only that medical men should direct their examination in a hydrophobic corpse. They may omit looking at the thoracic and abdominal viscera, for no appearances will there be found indicative of either the cause or the effect of the disease; all of them were perfectly natural in the boy Yorke. I would add cupping and leeching along the spine from the neck, to relieve the engorged vessels of the spine.

As the disease has never been cured, and the possibility of placing it under the control of the medical art is only hoped for by the numerous authors of systems on the practice of physic, and the faculty generally, what objection, I beg leave to ask, can be urged against a trial of the plan here suggested? He who may be so fortunate as to restore a hydrophobic sufferer to health, to absterge this medical opprobrium, would deserve and receive the everlasting thanks of mankind, and deserve and receive honour and profit from every civilized kingdom and republic on earth. Is not stimulus enough here offered to put in for so great a stake? Who will be the competitors for this noble prize?

So much for the cure; now for prevention.—Dr. Haygarth, of Chester, in England, long since, and first recommended the application of a continued stream of water upon the wound, and I have never omitted an opportunity to urge its use, from 1792 to the present time. The canine virus exists in a watery form, and water is its proper and natural solvent. If the wound be very small, it may be enlarged, but care must be taken not to inoculate the sound part below, by the penetration of the poisoned knife through the wound. A wash of chlorine in water, and more lately one of chloride of lime and water, has been advised on the principle of decomposing or chemically destroying the virus; and if at hand, they may be used—but no time, *not five minutes*, should be lost in procuring these remedies after a bite. Water is always at hand, and cannot fail of washing out the virus. As to cutting out the bitten part, or destroying the surface into which the virus has been inserted, by *caustic*, I could give another page of references to cases in which one or other of these remedies has been used, although under the most favourable circumstances, without success; and yet we constantly hear of their use, and never of the stream of water.

Philadelphia, August, 1840.

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[1] His mode is "to tie a piece of sponge to a fork, and after dipping it in a solution of the caustic in water, in the proportion of a dram to the ounce, to apply it rapidly along the spine twice, or thrice if the patient can bear it."

[2] For Dr. Hartshorne's paper see the Eclectic Repertory of Philadelphia, 1819; and for cases in which his remedy has been used with delightful success, see Med. Recorder of Philadelphia, vol. 2, and my paper there; also Gregory's practice of physic, *Philadelphia edition,* articles Tetanus and Hydrophobia.

For the American Medical Intelligencer.

ART. II.—CASE OF SEVERE WOUND OF THE ABDOMEN.

BY S. T. NEWMAN, M. D.

Amsterdam, Miss., July 8th, 1840.

Dr R. Dunglison:—

Sir—I send you the following case, which if you deem worthy of a place in your invaluable Journal, you will please insert, and oblige, respectfully yours,
S. T. NEWMAN, M. D.

On the night of the 25th of February last, I was called in great haste to visit Leven, a black man, residing four or five miles in the country, who I was informed had been engaged in a fight, and had received a stab in the abdomen. On my arrival, I found him lying on his back in a state of great alarm, supposing that his intestines were very much injured. Upon inspecting the wound, which was situated an inch and a half below the navel, and about a half inch to the right of the linea alba, I found it had been made by a stab or thrust almost directly inward. The wound was of small dimensions, corresponding with the instrument which had been used, which was a dirk knife, the blade of which was four inches in length. On examining the knife, it presented signs of blood three inches of its length. Protruded through the wound was a portion of the omentum or epiploon an inch and a half or two inches in length. The protruded omentum closed up completely the wound, and seemed itself to be in a state of strangulation caused by the contraction of the wound. There was no external bleeding, but when in attempting to probe the wound I accidently punctured the omentum, it bled freely for a short time.

I endeavoured to return the omentum into the abdomen by the orifice through which it had passed out, but so firmly was it grasped by the edges of the wound that I found this impossible. Nor could I ascertain whether or not any of the abdominal viscera were wounded. In this situation I hesitated for a moment, whether to enlarge the orifice or to cut away the protruded omentum, but at length decided upon the latter plan, and to prevent bleeding I placed a ligature around the omentum, and clipped it off level with the lips of the wound. Then (leaving the ligature hang out) I drew the edges of the cut together with adhesive strips, and confined the abdominal muscles with a bandage. The symptoms of which the patient now complained were, a dragging feeling about the stomach, and a disposition to syncope. After thus dressing the wound, I gave him an opiate to prevent the action of the bowels, and to secure a state of quietude. I then left him with positive injunctions not to move from the supine position, and to take nothing in his stomach, until I should see him next morning.

When I saw him on the following day, he complained very much of a dragging sensation about the stomach, and great pain in the back. His pulse was not such as to justify the abstraction of blood, being small, weak, and irregular. The soreness about the wound was insignificant. He was now put upon small doses of ipecacuanha so as slightly to nauseate the stomach, and thus exert an influence over the circulation, thereby preventing too great a tendency to inflammation. Nothing but small quantities of fluids was taken into the stomach.

On the 27th he seemed to be doing well, still complained of his back, but the sensation of dragging about the stomach was much less distinctly felt. On examining the wound I found its edges partly adherent. He had had as yet no operation from his bowels, so I ordered him an enema, still keeping him on small doses of ipecacuanha.

On the 28th, every thing seemed to be progressing favourably. He had had one or two stools, which I was sorry I could not see, as I was informed there was considerable blood passed with them. This, however, I was inclined to think was a mistake. When I next saw him, which was several days after my visit on the 28th, I found that he had taken up an idea in my absence that he was entirely well, and had been walking about paying no attention to the bandages, which had slipped below the wound. There was now a hard lump surrounding the wound of considerable size, but which appeared to be confined to the muscular portion of the abdomen. He was directed to resume his position on his back, and emollient poultices were applied to the swelling, and attention directed to keeping his bowels open. Under this treatment he was soon perfectly well.

S. T. Newman.

BIBLIOGRAPHICAL NOTICES.

Carey's Principles of Political Economy.[1]

We recommend this work—with a copy of which Mr. Carey has favoured us—to the attention of those of our readers who are interested, (and who is there that is not?) in the laws and movement of population. Mr. Carey has entered at some length into these interesting subjects—inquiring into the duration of life, the ratio of marriages to population, fecundity, emigration, &c. in different countries. We have thus far not had sufficient opportunity to inquire closely into the accuracy of Mr. Carey's computations. This we shall do hereafter. So far, however, as a superficial inspection will enable us to speak, they appear to be sound. The following summary will exhibit how favourable his results are to the United States, the mortality of which he is disposed to place at 1 in 50.

"We now submit the following view of the order in which several countries stand, as regards the several matters treated of in the preceding chapters, as well as in that essential requisite for prosperity, security of person and property.[2]

Security.	Duration of Life.	Growth of Population.	Marriages
1. U. States.	1. U. States.	1. U. States.	1. U. States.
2. England.	2. England.	2. England.	2. England.
3. Netherlands.	3. Netherlands.	3. Netherlands.	3. Netherlands.
4. France.	4. France.	4. France.	4. France.

Fecundity.	Mortality.	Emigration.	Efficiency of Labour.
1. U. States.	1. U. States.	1. U. States.	1. U. States.
2. Netherlands.	2. England.	2. England.	2. England.
3. England.	3. Netherlands.	3. Netherlands.	3. Netherlands.
4. France.	4. France.	4. France.	4. France.

Where person and property are most secure, production will be greatest, and the physical and moral condition of man will be highest; there will he be most disposed to contract matrimony, and there will the fecundity of marriages be greatest; there the unmarried adults will be in smallest ratio to the married, and the proportion of illegitimate children will be smallest; and there will the duration of life be longest. Such is the law which common sense would teach, and such is the law that is to be deduced from an examination of the operations of the world.

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[1] Principles of Political Economy. Part the third, of the causes which retard increase in the numbers of mankind. Part the fourth: of the causes which retard improvement in the political condition of man. By H. C. Carey, Author of an Essay on the Rate of Wages. 8vo. pp. 270. Philadelphia, 1840.

[2] See vol. ii., chapters ii, iii, and xv.

"We have, it is true, confined ourselves to four nations, but a law that is true in regard to that number, will be found equally so in regard to the rest of the world. If we look to India, we find in Bengal, where security is established and taxation is comparatively light, a rapid increase of population, whereas in southern India, where security is of much more recent date, and taxation is heavy, the increase is very slow.[1] As regards most of the countries in Europe, we do not possess information sufficient for such an examination as would be necessary for the proof or disproof of the proposition we have offered. One writer informs us that Prussia doubles her population in 26 years.[2] Another makes it 39,[3] whereas the last census shows an increase of 34 per cent. in 21 years, according to which it would double in about 48 years. According to one,[4] Austria doubles in 44 years, whereas a second[5] makes it 53.6, while M. Dupin makes it 69 years. According to the Revue Britannique, France doubles in 125 years, whereas, agreeably to M. Dupin, the term is only 105 years. The first allows 84 years for the Netherlands, and the last only 56½, while M. Rau allows 74 years. Russia in Europe is said to double in 48 years, but the following facts will show how little is the dependence to be placed upon any such statements. In the most recent statistics of Russia,[6] we find the following information in regard to the government of Moscow. M. Storch gave it, in 1795, a population of 1,139,000. Wickman, in 1813, 1,246,000. Ziabloffski, in 1814, 935,800. Hassel, in 1829, 1,337,900, and M. Arsenieff, in 1831, 1,200,000. M. Schnitzler, with a view to obtain a correct idea of its actual amount, takes the population of 1796, adds thereto the births since that time, and deducts the deaths, by which process he obtains 1,462,884. He feels himself fully authorized to fix it at 1,300,000 souls.[7] The government of Vladimir, formerly part of that of Moscow, is stated by Wickman, in 1813, at 960,600; by Ziabloffski, in 1814, at 1,105,132; by Balbi, in 1826, at 1,335,000; by Hassel, in 1829, at 1,334,500; and by Arsenieff, in 1831, at 991,000. Pursuing the same course as in relation to the government of Moscow, M. Schnitzler deems himself authorized to fix it, *provisoirement*, at 1,100,000.[8] If such be the state of information in regard to the heart of the empire, what must it be in the remote districts? Even in England it is a matter of question whether the deaths are 1 in 47.2; 1 in 50; 1 in 54; 1 in 58; or 1 in 59. Such being the case, it must be obvious to the reader that we do not possess facts sufficient to warrant a belief of the existence of any other law than the plain and simple one that we have stated.

The case of the republic of Guanaxuato is frequently adduced as evidence of a different state of things. It is asserted that the deaths are 1 in 19.70, the births 1 in 16.08, and the marriages 1 in 69.76. In reference to this, we have only to say, that we do not know the fact, and that it will be time enough to reason in relation to it when it shall have been established. While Prussia and France, England and the Netherlands, are in dispute, it is highly improbable that we shall obtain returns worthy of confidence from Guanaxuato, Mexico, Peru, or Chili. In the meantime, we may rest assured that, with security and cheap government, population will grow, and that the growth of the one will be in the ratio of the enjoyment of the other. The growth of population may therefore be taken nearly as a measure of the productiveness of labour. Ireland, however, is usually regarded as proving the reverse of this proposition. In that country, the increase is now at the rate of 14½ per cent. in 10 years, at which rate it would double in about

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[1] Westminster Review, No. xlv., p. 118.

[2] Dupin.

[3] Revue Britannique, quoted by M. Villeneuve.

[4] Ibid.

[5] Professor Rau.

[6] La Russie, la Pologne, et la Finlande. Tableau Statistique, Geographique et Historique. Par M. J. H. Schnitzler, Paris, 1835.

[7] Page 39.

[8] Page 103.

50 years. It has been asserted[1] that the census of 1831 is incorrect, and that much of the apparent increase is due to the fact, that places are inserted in that for 1831, which were omitted in 1821. As there was no census previous to that of 1821 that could be relied upon, it is not possible to decide whether or not this assertion is correct. On a former occasion,[2] we gave a number of facts tending to prove that the average condition of the people of that country was superior to that of a large portion of those of the continent, and such, we are satisfied, is the case. There is, no doubt, much poverty in many portions of it, but there are also many portions of it in which great comfort is enjoyed.

"In the 30 years from 1801 to 1830, the population of Scotland increased from 1,599,000 to 2,365,000, at which rate it would likewise double in 50 years. The growth of improvement in parts of Scotland has been very rapid, but in other parts it has been exceedingly slow,[3] and, as a necessary consequence, we find a rapid increase of population in the former, whereas it has been exceedingly slow in the latter.

"No country in Europe has improved more rapidly than Norway in the last 20 years; and, accordingly, we find a rapid increase of population.[4] In 1825, it amounted to 967,959; in 1835, it had risen to 1,098,291,[5] being an increase of about 13½ per cent., at which rate it would double in less than 61 years.

"If increase of population be taken as a measure of production, and of the power of improving moral and physical condition, the following will be found to be the order of some of the most important portions of the world—

1. The United States.
2. England.
3. Prussia.
4. Scotland.
5. Ireland.
6. The Netherlands.
7. Norway.
8. France.

And at the foot of the list will be found Hindostan."

Rauch's Psychology.[6]

This book—for which we are indebted to its learned author—like the last, is not directly connected with medical science; yet it ought to be interesting to a body, the members of which have often been said to make the best metaphysicians.

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[1] Mr. Slaney, House of Commons, May, 1833, quoted by Wade. Middle and Working Classes, p. 552.

[2] See vol. ii., chap. xiv.

[3] Laing's Norway, p. 35.

[4] Ibid. p. 395.

[5] "The increase of population in Norway, connected, as it evidently is, with a proportional increase of property, by improved husbandry, and a value being given to its products by new employments, is a striking proof that population and property, if the latter be distributed through the social body on the natural principle, will mutually act upon and check each other. The increase of numbers, previously to the establishment of an independent legislature, was extremely slow, because the increase of their property was slow; it is now much more rapid, because the state of property admits of it."—*Laing's Norway*, p. 398. The establishment of a popular government enabled the people to control expenditure; taxes have been reduced, while the national debt has been paid off. Capital increases, and with it there is an increase of production. These products are distributed throughout the community on the natural principle, which gives to the labourer a constantly increasing *proportion* as the *quantity* is increased; his situation is constantly improving, and he has comparatively little hesitation about aiding in the increase of population.

[6] Psychology; or a view of the Human Soul: including anthropology, being the substance of a course of lectures, delivered to the junior class, Marshall College, Penn By Frederick A. Rauch. 8vo. pp. 388. New York, 1840.

Mr. Rauch's first two chapters consider the difference between man and animals, and life in certain of its manifestations; and the *first part* of his work is headed "anthropology,"—under which he considers the influence of nature upon man; the natural modifications of mind, produced by age, waking, sleeping and dreaming, and the power of the mind over the body—the *second part* being devoted to psychology proper.

We cannot—did our space permit—enter into an analysis of a work of this nature; but we may express our opinion, that it is a production indicating deep reflection, and one, which we recommend to the perusal of the younger part of our readers more especially. Most of the errors in medical practice are owing to an ignorance of the due relations between cause and effect. These errors, works—like the one before us—are calculated to dispel by stimulating to useful thought, which, as has often been said, is infinitely more difficult than to prescribe without reflection.

MISCELLANEOUS NOTICES.

University of Virginia, Medical Department.—The published catalogue of the matriculates during the last session exhibits a class of 49 students; a satisfactory number, considering the delay that took place at the commencement of the session in filling up the chair of medicine.

Yale College, Medical Institution.—The annual circular for the lecture term of 1840–1 contains the names of 15 graduates of the year 1839–40, and of three licentiates. The whole number of graduates since the first course of lectures in 1813–14 is 454; that of licentiates, 296.

Quarterly report of the obstetric practice of the Philadelphia Dispensary for Fourth, Fifth, and Sixth months, 1840. *By Joseph Warrington, M. D., Accoucheur.*—Twenty-six women have been delivered at full time, and one other attended on account of abortion at the fourth month of gestation.

Of the children born at full time, sixteen were girls, and ten boys.

The average duration of labour in twenty-two cases was nine hours—the extremes being one and fifty hours.

The average time required for the spontaneous delivery of the placenta in twenty-four cases, was about twenty-six minutes—the extremes being five and one hundred and ninety-five minutes.

In twenty cases of labour in which the presentations of the fœtus were carefully noted, eleven were in the first, seven in the second, one in the fourth position of the vertex, and one in the second position of the breech.

Abortion was brought on in the case referred to by external violence.

All the women have recovered without accident excepting one case, in which prolapsus uteri was brought on by rising and making exertion on the second day after delivery.

Of the children, three were still-born—one apparently in consequence of excessive hæmorrhage through the placenta situated at the os uteri—another appeared to have died in utero some weeks before delivery—and one died asphyxied, after the use of ergot to terminate a labour which had continued fifty hours.

The rest of the children have done well.

The forceps were successfully used to deliver in one case in which labour had continued forty hours—the child's head being strongly arrested in the pelvis in the fourth position.

Temperature of the human body in intermittent fevers. By M. Gavarret.[1]—M. Gavarret has made numerous observations on the temperature of the human body during the different stages of intermittent fevers, as well as during health, and from these it appears, that even during the stage of rigor the heat of the body is exalted from two to three degrees above its usual temperature. In the hot stage he has found the temperature still more elevated, but never more than one degree above that attending the stage of rigor; whilst in the sweating stage, though the temperature was above that of health, it was much below that of the two preceding stages.

Congenital cyanosis caused by the aorta originating from both ventricles of the heart. By Dr. C. F. Gravina.[2]—A boy, 9 years of age, pretty stout and well formed, was from his birth of a leaden colour, with his lips and nails blue, and suffered from a violent and continual palpitation of the heart, and short rapid respirations. On the least exertion these symptoms were much aggravated; to such an extent, indeed, as to force him to lie down, and not move in the least till the palpitations became calmed; at the same time the whole body became of a bluish colour, and was covered with sweat. When sitting or lying the child felt well, and could use slight exertion. On percussion the chest sounded every where clear. The respiratory murmur was heard distinctly by means of the stethoscope over all the chest; but in the precordial region two other sounds besides those of the heart were recognised. One of these abnormal sounds resembled the purring of a cat, and was heard during the systole of the heart; the other, which appeared to accompany the contraction of the auricles, was so clear and sonorous, that it was heard over the whole of the right side of the chest: on the left side, however, it was scarcely heard. When the boy was in a state of repose, his pulse beat from 78 to 84 in the minute; but on the least exertion rose to 100 or 105. The external veins presented neither turgescence nor pulsation. The abdomen was somewhat swelled, but soft; the liver appeared to be enlarged; but the functions of the intestines and urinary apparatus were normal. The boy died suddenly, in consequence of an attack of convulsions and dyspnœa.

On dissection of the body the following appearances were observed. The lungs were of a violet colour, regular in their form, and crepitated on pressure. The heart was of the usual size; the right ventricle was nearly twice as large as the left, but its walls were of their ordinary thickness; the left ventricle was smaller than common; the auriculo-ventricular openings in both ventricles presented their usual appearance; the foramen ovale was closed. The fleshy septum common to the two ventricles did not reach quite to the base of the heart, but was deficient at that point close to which the aorta originates, leaving a circular communication between the two ventricles. This opening was largest on that side which communicated with the right ventricle; but was somewhat contracted on that of the left. The aortic orifice was much dilated, as were also the semilunar valves, which appeared proportioned to the increased dimensions of the aortic orifice. The pulmonary artery was very much contracted, but its walls were unaltered. The liver was very large and hypertrophied. The spleen was normal.

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[1] L'Expérience, No. cvi. 1839, and Edin. Med. and Surg. Jour., April, 1840, p. 519.

[2] Schmidt's Jahrbucher, July 1839, and Edin. Med. and Surg. Journal, April, 1840, p. 522.

Disease of the posterior columns of the spinal cord, sensation remaining unimpaired.[1]—Mr. Edward Stanley brought before the Royal Medical and Chirurgical Society of London, a well marked case of disease, strictly limited to the posterior columns of the spinal cord, yet producing phenomena at variance with the doctrine of the distinct influences of the anterior and posterior columns of the cord on the faculties of motion and sensation.

The disease, which was not the result of injury, commenced about three years before the patient's admission into St. Bartholomew's Hospital, with impaired motion of the lower extremities, at first slight, but progressively increasing, so that at the time of his admission he could only succeed by a great effort in raising his legs from the ground whilst sitting on a chair. Before death, the loss of motion became complete in each lower limb, throughout its whole extent. In no part, however, was there any defect of sensation, scratching, pricking, or pinching the skin, being attended by sensation as acute as in a sound limb.

On dissection, no signs of disease presented themselves excepting in the spinal chord. Here, contrary to the anticipations of many persons by whom this case was observed, no disease whatever was found in the anterior columns of the chord. An extensive change of structure and colour was, on the contrary, manifested in the posterior columns, from the pons to the lower end of the chord. "The value of this case, says the author, consists in the distinctness of its phenomena being acknowledged by many competent observers to have been such as they are recorded."

Dr. Budd related a case where similar phenomena were observed. A patient who had caries of the spine, lost the power of motion in the inferior extremities, the power of sensation remaining entire. On dissection ,the anterior columns of the spinal chord were found apparently sound, whilst the posterior, at the seat of the disease, were softened and nearly fluid.

New and successful treatment for the prevention of hydrophobia. By Dr. Miroff, of St. Petersburg.[2]—Dr. Miroff strongly recommends the following treatment to be followed by those who have been bitten by rabid animals, asserting that it has been so successful in his hands that in not a single person who had been subjected to the treatment was hydrophobia developed. His paper on the subject contains the narration of many cases of persons who had been bitten by rabid dogs and wolves, and though many of them had been closely observed for more than a year, no bad results had followed the bite. His treatment is continued for the space of two months. As soon after the bite as possible, the person is put into a vapour bath of 50° Cent. and given to drink a strong decoction of sarsaparilla and guaiac, whilst the wound is rubbed with the ointment of the red precipitate of mercury. Two pints of this strong decoction is ordered to be drunk daily, and the sore is dressed till it heals with the above ointment. The patient has a bath every other day during the first week, every third day during the second and third week, and then only twice a week till the two months are past.

On the treatment of phthisis by hydrocyanic acid. By M. Forget.[3]—Professor Fantonetti, of Pavia, a short while ago, published a paper on the curative effects of hydrocyanic acid in chronic inflammation of the lungs, but more especially in phthisis. He related a number of cases where not only were the lungs tubercular, but large caverns were detected, accompanied by hectic fever and marasmus, and yet these cases recovered perfectly in the space of from fifteen days to three months; a result he attributed entirely to the administration of the hydrocyanic acid. The acid which he used was prepared according to the process recommended by Magendie, and was administered in doses of two drops, progressively increased to fifteen.

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[1] London Med. Gazette, February 7, 1840, and Edin. Med. and Surgical Journal, April, 1840, p. 524.

[2] L'Ami de la Santé, and Edin. Med. and Surg. Jour., April, 1840, p. 523.

[3] L'Experience, 14th November, 1839, and Edin. Med. and Surgical Journal, April, 1840, p. 526.

M. Forget, who doubted the accuracy of the results obtained by Professor Fantonetti, repeated the experiments in eight undoubted cases of phthisis, but was forced to arrive at a very different conclusion. In three of the cases death took place with as much rapidity as if the disease had been left to its natural course. In the five others, no amelioration was noted in the progress of the symptoms, with the exception of a slight alleviation of the cough in two cases; but in these cases vomiting was induced. Many of the patients also complained of wakefulness.

M. Forget repeated the same experiments on eight other patients, with the same want of success.

On penetrating wounds of the heart. By J. A. Jobert.[1]—Three interesting cases of penetrating wounds of the heart are related, where the persons lived after the receipt of the injury from twelve hours to no less than ten days. In all the cases the wound of the heart was indicated by a peculiar whizzing sound, precisely similar to that which exists in varicose aneurism; and from its presence being recognized in all these three cases, M. Jobert thinks it might be regarded as a diagnostic mark of the presence of a penetrating wound of the heart. He relates several cases which have been published by other authors, where persons had lived for years after this organ had been wounded, opportunities having in many of these cases occurred of confirming the diagnosis by examination after death. He regards, therefore, a wound of the heart as not necessarily fatal, and gives numerous directions of the mode in which the treatment may be best conducted. Of these, bleeding, both general and local, the local application of cold, and the administration of such remedies as tend to reduce the force of the circulation, and abate the tendency to hemorrhage, are the chief.

Sciatic neuralgia cured by section of the sciatic nerve. By M. Malagodi.[2]—A young man, about 30 years of age, suffered for many years from violent sciatica, which every remedy failed to relieve. The pains became every day more and more severe, so that he at last insisted on amputation of the thigh being performed, in order to afford him relief. A more simple operation, however, fortunately succeeded. An incision of about two inches in extent was made over the course of the sciatic nerve, about four finger breadths above the popliteal space; the nerve was then carefully exposed and cut across. The section caused excessive pain, and the patient fainted. When he recovered, he complained of a painful creeping feeling over the whole limb. A portion of the nerve of about an inch long was then cut away, but the doing so caused no pain. The inflammatory and other symptoms which followed required the employment of general and local bleeding, the strict antiphlogistic regimen, antispasmodics, &c. The patient was able to walk by the fiftieth day after the operation, but complete cicatrization of the wound did not occur till the end of the fifth month.

Before having recourse to this operation, M. Malagodi made a number of experiments on dogs, of which the following are the results.

1. That section of the sciatic nerve at the upper portion of the inferior third of the thigh causes paralysis and consecutive atrophy of the muscles, but is not followed by gangrene.

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[1] Archives Generales, Sept. 1839; and Edin. Med. and Surg. Journal, April, 1840, p. 528.

[2] L'Expérience, 21st November, 1839; and Edin. Med. and Surgical Journal, April, 1840, p. 531.

2. That this paralysis extends from the middle of the leg to the points of the toes.

3. That the leg is still useful as a support to the body, and for the ordinary purposes of locomotion, seeing that the muscles which move it are not paralyzed, and that the knee joint remains sound.

Mortality from phthisis at Naples.[1]—In a late number of the Filiatre Sebizio, M. de Renzi controverts the conclusions concerning the mortality by phthisis at Naples, to be found in a paper presented by M. Journé to the Academy of Medicine at Paris. The sum total of phthisical patients received into the hospital of incurables during the years 1835–36 and 37, is reduced by M. de Renzi from 2969 to 2775; and he shows that of this number only 1846 belonged to Naples and its suburbs, the rest consisting of strangers who come to die there. This gives an average of 615 instead of 989, which was M. Journé's supposition—a considerable difference, particularly if the probabilities of medicine are to be based on figures. Then subtracting the catarrhal affections, or those which resemble phthisis, M. de Renzi fixes the number of phthisical patients at 600, which, in a population of 400,000, gives one in 666. We must add, however, 200 patients belonging to the middle and upper classes, which will make 800; and of these 560 die, or 70 per cent. But, as the ordinary mortality is 13,000, the proportion of deaths from phthisis is about 1 in 23.

The mean mortality at the hospital of incurables is 1800, and the number of deaths among the phthisical patients belonging to the town is 430; so that these deaths form a quarter of the total mortality in the institution. But, if we consider, first, that at Paris, more than a third of all patients are treated in the hospitals, and hardly a fifth at Naples; secondly, that at Paris, the number of consumptive patients received is equal to those suffering under other diseases, while at Naples the latter are much fewer in proportion, it will be allowed that a comparison is difficult. This being settled, if in the hospitals of Paris, as Bayle has demonstrated, and M. Journé laid down, one-third of the patients die of phthisis, and this number is more than a third of all the deaths in the whole town; if, on the other hand, in the hospitals at Naples, less than a quarter of the patients die by phthisis, and if, even adding the patients who do not belong to the town, we do not reach a third, as at Paris; if the phthisical patients in the hospital include nearly all in the town, whilst the deaths in the hospital are but a sixth of the general mortality, it necessarily follows that the patients who die of phthisis are in proportion to those who die of other diseases, as 1 to 4 at Paris, and 1 to 12 at Naples. Hence the climate of Naples, far from favouring the developement of the disease, makes it rarer than it would naturally be in a town of small size relatively to its population, who are in consequence crowded. If we consider, moreover, that scrofulous affections are very common there, we must necessarily conclude, that the number of consumptive patients does not exceed the natural proportion to those afflicted with scrofula.

As to the important question whether a phthisical patient from a cold or northern climate may experience benefit in a more temperate one, M. de Renzi answers it in the affirmative, and says he knows it from his own experience. But if the disease has already made great progress, if the disorganization of the lungs is much advanced, and the tubercles have begun to soften, a southern climate is of no avail. In such cases the poor patient travels but to perish on a foreign shore, far from his relatives and friends.

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[1] Gazette Medicale, December 20, 1839; and Edin. Med. and Surgical Journal, April, 1840, p. 535.

On the injurious qualities of menstrual blood, and on its probable causes. By Dr. Remak, of Berlin.[1]—This paper is chiefly useful for the information it affords respecting the composition of a fluid which few have either the inclination or the liberty to examine. The author adduces but little fresh evidence in support of the universal popular belief that menstrual blood can produce urethral discharge or other affections of the male genital organs; but he thinks that the occasional occurrence of these symptoms, of which he has no doubt, depends on the condition, not of the blood, but of the mucus with which it is mixed.

By microscopical examination of the menstrual fluid under various circumstances, he found that whenever it had a red colour, it contained blood globules, and that the intensity of its colour depended on their number. At the beginning and towards the end of its flowing, when it is pale and whitish, it contains a preponderating quantity of laminæ of epithelium and of mucus corpuscles, but their quantity becomes proportionally less and less as the fluid presents more blood globules and a deeper colour. The author believes that this mucus which is constantly present in the menstrual fluid, may, like the secretions of all mucous membranes when in a morbid state, possess the power of producing a similar morbid state in other membranes of the same kind. He relates a case which confirms this idea: a very obstinate gonorrhœa, in which the menstrual fluid of the only female with whom the patient had connection, and in whom there was not the least probability of gonorrhœa existing, contained an abundance of thin pearl-coloured mucus. Connection did not produce the gonorrhœal symptoms except when the female was menstruating.

On the various circumstances which appear, in the course of diseases, to produce the curved form of the nails. By M. Vernois.[2]—This paper is sufficient to determine the value, or rather the want of value, of curved finger nails as a sign of disease. The results, obtained from the examination by the numerical method of 276 cases of various diseases, are as follows:

In any collection of patients, whatever be their diseases, curved nails will be found in at least one third. Among different diseases, phthisis, scrofula, and other chronic affections, have a very marked, though not an absolute or constant influence. Of 88 patients with curved nails, 70 were phthisical or scrofulous; and of 188 with normally formed nails, 40 were suffering from the same conditions. Of the same 88, nine only laboured under acute diseases. Females present this alteration about three times more frequently than males. It is most commonly observed between the ages of ten and thirty. Occupation has no influence upon it. The constitution which coincides with it in five sixths of the cases in which it occurs is that which is marked by a pale, fine, and anæmic skin, blond hair, blue or brown eyes, bluish sclerotica, very long eyelashes, and weak muscles.

Remarkable case of Ischuria renalis, of nine years' standing, with vicarious vomiting of urine. By F. L. Kreysig, M. D., Dresden.[3]—S. B., æt. twenty-five, six years after the commencement of menstruation, began to complain of abdominal pain, general spasm, and difficulty in voiding urine and fæces, succeeded by orthopnœa, and symptoms of thoracic and abdominal inflammation, which were treated antiphlogistically. The bladder required the frequent use of the catheter. The patient suffered pain in the right knee, and was obliged to keep it drawn upwards towards the abdomen.

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[1] Medicinische Zeitung, Dec. 25, 1839; and Br. and For. Medical Review, April, 1840, p. 545.

[2] Archives Générales de Médecine, Nov. 1839; and Br. and For. Medical Review, April, 1840, p. 548.

[3] Hufeland's Journal, July, 1839; and Br. and For. Med. Rev., April, 1840, p. 551.

Two years after, the legs began to swell, respiration became still more difficult, the urinary secretion *ceased*, and the patient vomited a fluid containing, according to chemical analysis, the principles of urine.

M. Kreysig now detected, in the right iliac region and near the spine, a tumour extending towards the liver, exquisitely painful to the slightest touch, and which the patient had noticed for four years. The bowels were invariably costive; and twice a day (5 A. M. and 6 P. M.) urinous vomitings occurred, preceded by dyspnœa, so urgent as twice to require v. s. No urine was found in the bladder. Tepid baths, and mercurial and stimulating liniments to the region of the kidney, were recommended. During the time the patient was in the baths, the skin exhaled a very fetid odour. The tumour gradually enlarged, and grew softer.

The patient now returned home, and four months after (January 24, 1835,) informed M. Kreysig that the tumour had daily increased, become harder and more painful, and pointed in the epigastric region. Fluctuation was now evident, and in three weeks the abscess broke, during a violent spasm, discharging a large quantity of pus, which was soon after succeeded by an increase of suffering. In about six weeks, the urinous vomitings ceased, and urine was voided by the bladder. Shortly afterwards, the pain being then more than usually intense, with an urgent desire to evacuate the bowels, the patient expelled, per anum, a mass about as large as a goose's egg, resembling fat mixed with pus, and intolerably fetid. From this period, all abdominal swelling and pain ceased, and menstruation returned. In about three quarters of a year, the health was entirely restored, not one of the former symptoms remaining.

On the treatment of dysentery with albumen. By M. Saucerotte, Physician to the hospital at Lunéville.[1]—The dysentery which annually attacks a considerable number of men of our garrison, affected only thirteen in the months of October and November, 1838, and ten in those of August and September, 1839. I employed in some of these cases the albuminous method of treatment recommended by MM. Bodin de la Pichonnerie and Mondière. Comparatively with those by the ordinary method (by antiphlogistics and opiates,) the results obtained by it were really of the most striking kind. My own experience and that acquired by others in the hospital shows that when the disease is at all severe, it generally lasts two or three weeks, sometimes becomes chronic, or terminates in death: besides this the reiterated application of leeches causes severe pain, the administration of enemata is continually attended with much difficulty, the convalescence is prolonged, and attended with extreme weakness when the disease is not stopped during the first week. Judging from the cases I have observed, the albuminous treatment is attended with precisely contrary effects—rapid cessation of the symptoms, quick convalescence, and recovery of strength, while the administration is attended neither with pain nor any sort of inconvenience.

[The albumen was exhibited both as a ptisan and in enemata, according to the formula of M. Mondière, and eight cases are related (some, however, with ludicrous brevity) in support of the above emphatic encomiums. In some of the cases there was undoubted inflammation of the large intestine; in all frequent bloody stools, tenesmus, &c.]

On the treatment of synovial tumours by subcutaneous incision. By M. Barthelemy.[2]—This mode of treatment was suggested by the very slight local or general disturbance which has been found to succeed the sections of muscles even of considerable extent, when the skin over them is not divided. The operation consists in raising a fold of the skin near the tumour, and passing a long thin lancet-shaped knife under it to the left side of the swelling, which is then by a sweep of the instrument split into two portions. The instrument is then withdrawn by the same narrow aperture at which it entered, and care is taken that no air should pass along the track of the wound. The fluid which the cyst contains diffuses itself into the surrounding tissue and soon disappears, leaving, it is presumed, no chance of the relapses which are common after every other mode of treatment.

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[1] Gaz. Médicale de Paris, No. xlvii., November, 1839; and Br. and For. Med. Rev., April, 1840, p. 552.

[2] Gazette Médicale, Dec. 7, 1839; and Br. and For. Med. Rev., April, 1840, p. 554.

The operation has been performed with success, and with no subsequent ill effect, by MM. Barthelemy, Marechal, and Malgaigne.

Cure of an old dislocation of the humerus by division of the pectoralis major, latissimus dorsi, teres major, and teres minor muscles. By Professor Dieffenbach.[1]—Herr Th. a large landowner, upwards of thirty years old, had his right shoulder dislocated two years ago by a fall from his horse; the nature of the accident was not at first recognised, and afterwards, though all the usual means were adopted by several surgeons, the bone could not be returned to its place. The patient, therefore, came to Berlin; he was of a gaunt, powerful form, with a pale complexion and but little fat, and his muscles were strong and prominent under the skin. The injured right shoulder was an inch higher than the left; the acromion formed a sharp angle; on the outer side the shoulder was deeply hollowed, and the scapula lay flat. The right arm was thinner than the left, and stood out far from the body. The head of the humerus lay on the anterior side of the chest, close to the clavicle, and two inches from the upper portion of the sternum. The patient had a constant sensation of cold in the limb, and the creeping which he had formerly felt had ceased. The pulse in the right radial artery was rather weaker than that in the left. The limb was useless, and only the hand could perform some slight actions.

By moving the arm in different directions, severe pain was produced in the part where the head lay surrounded by a thick wall of dense ligament into which it had worked itself. In drawing the arm outwards from the body, the pectoralis major, latissimus dorsi, teres major, and teres minor became tense with extreme pain. The last three of these muscles felt hard and tense, even when the arm was not drawn outwards. An attempt to reduce such a dislocation without dividing these muscles and the new joint would have been extremely dangerous, and had been found impossible; but (says the professor) I anticipated success from the subcutaneous division of every thing that resisted me.

The patient being placed on the table, with one folded sheet passed under the right axilla, and held by six assistants, another fastened round the right hand and held by six more, and a third round the upper part of the humerus held by three more (in the manner usually adopted by me in old luxations), the two first sets of assistants were ordered to pull against each other. I next bade them make a slowly increased extension, and then stop; I then passed a small scythe-shaped knife through the skin, and divided the most tense portion of the pectoralis major close to its tendon, which yielded with a cracking sound. I then again introduced the knife at the posterior border of the axilla, and divided one after the other the latissimus dorsi, the teres major, and the teres minor. All these muscles gave way with a cracking noise, which was increased by the resonance of the chest. I next passed my knife into three places by the head of the humerus, and divided in a similar manner under the skin the dense and hard false ligaments which surrounded the new joint, and, lessening the extension, I loosened the head by a few rotations.

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[1] Medicinische Zeitung, Dec. 18, 1839; and Br. and For. Med. Rev., April, 1840, p. 555.

A powerful extension was now again commenced on both sides, and the three assistants behind the patient pulled suddenly while I conducted the humerus towards the joint, into which it slipped on a sudden, without again springing out. One shoulder looked now just like the other. The thorax, the shoulder, and the arm were enveloped with bandages which were soaked with paste, and after a few hours they all became dry and hard, and prevented any motion of the right side.

The bleeding from the wounds, which were not larger than those made in phlebotomy, was at most a few drops. No unpleasant symptoms ensued, and the patient suffered even less than the majority of persons in whom I have reduced old dislocations. On the ninth day I took off the bandage; both shoulders had exactly the same level and form, and there was neither swelling nor pain. The punctures in the axilla had completely healed, and scarcely a trace of them could be found; there was no collection of blood or pus. The arm was already capable of motion, and its actions were far less hindered than they are sometimes after the reduction of recent dislocations; because in them there is often for a long time a sensitive contraction of the unnaturally stretched muscles, while in this case the division of the resisting muscles and of the newly-formed joint not only rendered the reduction possible, but at the same time diminished its after consequences. The limb is now again restored to perfect utility.

The professor adds, that he had lately occasion to reduce a luxation of the foot backwards of upwards of a year's standing, by dividing the tendo achillis, which forcibly drew the heel upwards. This limb also became useful again.

Observations on diffuse inflammation. By Henry Kennedy, M. B.[1]—This is an elaborate essay on a very important subject. We regret that we have only room for the conclusions which Dr. Kennedy considers as warranted by the investigation entered upon by him. They are as follow:—

1. That diffuse inflammation will not attack a person in perfect health.
2. That the bad state of health preceding diffuse inflammation is powerfully caused by anxiety of mind, by great bodily fatigue, by shocks of the nervous system, by improper diet, or by any thing which has a tendency to lower the general healthy tone of the system.
3. That this deranged state of the health is shown principally in a vitiated state of the bowels.
4. That when once this unhealthy condition is established, the slightest cause is capable of inducing diffuse inflammation.
5. That venous inflammation does not necessarily cause diffuse inflammation.
6. That venesection may cause diffuse inflammation, the vein, however, remaining healthy.
7. That when venous inflammation does exist, the fever which accompanies it is more likely to be of the typhoid type than when diffuse inflammation exists alone.
8. That diffuse inflammation may attack several parts of the body in rapid succession, or it may be confined to one part, as the hip, or one organ, as the lung.
9. That pus may be poured out into the joints, serous cavities, or cellular structure, without any appearance of surrounding inflammation.
10. That, at the very onset of the attack, the free application of the actual cautery holds out a fair probability of checking the disease; but, when once formed, free and deep incisions are the only treatment on which any reliance can be placed.

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[1] Dublin Journal, Jan. 1840; and Br. and For. Med. Rev. 1840, p. 578.

THE

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Art. I.—CASE OF MERCURIAL PERIOSTITIS, TREATED BY THE PHYTOLACCA DECANDRA.

BY J. B. JONES, M. D.

Circleville, Ohio, August 1st, 1840.

Professor R. Dunglison,

The following case, which lately occurred in my practice, I send you an account of, thinking you may perhaps judge it worthy of a place in your valuable periodical. Yours, respectfully,

JOHN B. JONES, M. D.

J—— P——, aged 24, of rather lymphatic temperament, four years ago was exposed and contracted syphilitic disease, as he supposed,—there appearing a small ulcer upon the prepuce about the size of a fourpence, of rather an indolent character. At this time he applied to a physician, who prescribed blue pill, without any benefit to the ulcer; there was nothing like indurated glands, or any discharge from the urethra; he continued the use of the pills for three months, during which time he took upwards of 400 six grain pills, still continuing to work hard on the farm. At the expiration of this time, he became much worse, with loss of appetite, feverishness, pains in his limbs, nodes on both tibiæ and cranium; he would pass from four to six nights without sleeping. At this period, a change took place in his medical attendants, who again treated him with mercurials, guaiacum, and sarsaparilla, with no apparent benefit, except when he took the small doses of calomel; he again changed his physician in hopes of a cure, and was ordered the balsam of copaiba, squills, opium, uva ursi, and mezereon, without any better success. He was visited by a fourth physician, who ordered a decoction of *arctium lappa*, alternated with mercurial purges and guaiacum, which relieved him somewhat; he again relapsed, when another medical attendant was sought, who, in addition, directed the acetate of morphine and the warm bath. The opiates had the effect of quieting the irritability and lulling the pain, so that he could pass the time more comfortably: this last adviser having moved away, his fourth physician was again called, with two others, who decided upon using small doses of corrosive sublimate, increased to a very considerable extent, which again relieved him somewhat. He continued to pass his time in this manner, when I visited him in company with one of his physicians in May last; he was then much emaciated; face somewhat bloated; pains in both knees and ankles; nodes on the shafts of both tibiæ; his cranium would have bid defiance to the scrutiny of a Gall or Spurzheim, so much was it deformed; appetite bad; respiration natural; skin dry and hard; urine scanty and high coloured; he was in the habit of taking large opiates to procure any alleviation of his suffering, and when the opium was withheld he would cry like a child.

This case was viewed as secondary syphilis by all his medical attendants, and treated accordingly, with the result detailed above. After investigating the case from the commencement, I decided it to be periostitis from injudicious use of mercurials, to which two of my medical friends agreed. The next problem to be solved was, what could be done that had not already been done by professional men, eminent for their practical and scientific attainments? I considered this a fair case for the exhibition of the *phytolacca decandra.*

In the first place, I withheld the opiates, and gave the extract of stramonium in grain doses, increasing it half a grain every day as long as the system would bear it, with laxatives; he continued the use of the stramonium pills for three days, when they could no longer be borne, which had the effect of breaking up the habit of taking opium. I then procured ten pounds of the recent root of the phytolacca, and boiled it in half a gallon of water, until about a quart remained. This decoction being strained, and some spirits added to prevent fermentation, I ordered a wine glassful three times a day. This agreed pretty well with the stomach; producing a prickling sensation over the whole surface, and acting slightly on the bowels. He had not taken the decoction more than two days when his appetite returned; the pains were scarcely felt; slept comfortably; he continued their use for one week, then left off for some length of time;—this and exercise on horseback have so far restored his shattered constitution, that he can walk about the farm, ride to town the distance of three miles, and is evidently convalescent.

I do not think that the stramonium had any effect but to break in upon the habit of the excessive use of opium; for after its exhibition the patient continued in the same condition until the decoction had time to act:—I think physicians have not given the phytolacca in sufficiently large doses.

Art. II.—CASES OF HYDROPHOBIA, OR RABIES.

BY ALEXANDER KILGOUR, M. D.[1]

No cases of hydrophobia had occurred in Aberdeen, or the northeast of Scotland, in the memory of any inhabitant, until the present year, (1839,) when the following cases of it made their appearance. In the month of March considerable alarm was created by a bitch which was running about through the streets, and bit a considerable number of persons; but it was ascertained that the animal had been deprived of her puppies; and her ferocity was ascribed to this as its cause. She was destroyed; but, in consequence of the excitement produced, the magistrates directed that no dog should be allowed to appear on the streets without being muzzled; and those found without the muzzle were taken to the watch-house and destroyed, or their owners fined. The muzzles used were leather straps, a part of which goes round the head of the dog an inch or two above its nose, and prevents it opening its mouth to half its usual extent, or protruding its tongue. To save the expense of a muzzle made by a saddler, many of the poor people had their dogs' heads confined by pieces of cord or tape fastened tightly round them. Those not muzzled were confined at home, being generally tied up; or were led about by their owners on the streets with a string attached to them. In consequence of the alarm, and from the measures of security which were enforced, dogs were shunned, and when met with loose, they were hunted by boys until they were irritated, and then being declared mad, they were pursued until destroyed, or got clear of their pursuers. Whether from this system of hunting and baiting them, or that they really were diseased, and had, as usual when affected with rabies, run themselves to death in obscure and unfrequented places, there can be no doubt that several dogs were found dead within a mile or two of the town, and of these some had previously been seen running wildly about the country. Many rumours went abroad of strange dogs having been observed affected with disease, and of their biting others; but nothing could be gathered of a definite nature when these reports were investigated.

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[1] Edinb. Med. and Surg. Jour. April, 1840, p. 340.

In the three cases following, the history of the bite is given as far as could be ascertained. The first case, as well as the third, proved fatal at the patients' own houses; the other was admitted into the Infirmary, under the charge of my colleague, Dr. Dyce, who has furnished me with the report. I leave the third case to speak for itself. I did not see the patient in life, but there is no doubt on my mind, nor I believe on that of the medical gentlemen who attended her, that it was a decided case of hydrophobia.

I have nothing to offer in regard to the pathology of the disease or its treatment. I believe we are as far as ever from having any satisfactory understanding of the one, as we are from possessing means of ensuring a successful issue in the other. There are two points, however, common to two of these cases, the second and the third, that they took place in individuals of a particularly nervous temperament; and that the most careful *post mortem* examination in the first case, and in the second to the same extent, except that the spine was not opened, discovered to us absolutely nothing that we could connect with the previous symptoms. Could any thing be gathered, in a physiological view, from the fact that all these patients, when pressed to take fluids, demanded a spoon with which to convey them to the mouth; and that they preferred taking substances in the state of pap, for example, porridge and milk, and bread and milk, or tea with biscuit soaked in it, to either solids or fluids? In Dr. Dyce's patient, I observed, on my carrying a small white earthenware vessel with water in it towards the patient's bed, that he began to move his mouth and throat before I offered it, as if in the process already of deglutition, or rather mastication, and what he took from me was in small mouthfuls, and swallowed as if after mastication, instead of a steady draught.

Case 1.—Thomas Alison, aged 10, residing at Footdee, of a healthy appearance, and described by a most intelligent person in whose vicinity he resided, and who daily saw him, as a remarkably smart and clever but tricky boy, was bit on Friday, the 10th of May, by a dog. The dog had at one time been domesticated in the same neighbourhood, but had afterwards been taken into the country for a few miles, where he had been bitten by another strange dog, and on getting back to town on the day mentioned, had visited his old quarter. There was no reason for supposing at the time that he was diseased, and he was not previously considered vicious. A man in the building-yard, which he entered, was patting him, and the boy Alison put down his hand for the same purpose, when the dog bit him in the wrist.

The boy's mother stated that he was much alarmed from the bite, and that, since that time, he has been often disturbed in his sleep, rather fretful, and not as usual amongst the rest of the children. She washed the wound with spirits, and applied poultices. On the 21st May, he went into the harbour in a boat, and losing his oar, became very much excited, and screamed until some persons went out to his assistance, and brought him ashore. But, residing close to the harbour, he was much accustomed to boating in it, and his mother stated that his situation would formerly have been in no way alarming to him. On Wednesday, the 29th May, she observed that he was unusually dull and inclined to sit by the fire. She thought his stomach was disordered, and gave him of her own accord a calomel powder, and on the following morning a dose of senna infusion. On this day, Thursday, the 30th, he was first observed to have spasms. On Friday, at seven in the morning, Dr. Cuddie was sent for, and informed that the boy had hydrophobia. On visiting him, he was satisfied that such was the case; and he bled him and gave him some purgative medicine, and after that calomel and opium. At a few minutes past one of the same day, I saw him along with Dr. Cuddie and Dr. Ogston.

The instant we entered the room, and passed the end of the bed, which was close to the door, but covered, the boy started up with a scream, and placed himself in a sitting position in the farthest corner of it. My impression at that instant, and all the time I saw him, was, that I had never seen any thing like his appearance, but that of a child who had been greatly frightened, and not recovered from the fright. His countenance was anxious and unsettled, but not flushed or cadaveric. The predominant expression was that of extreme fright and terror. His eyes had a peculiarly unsettled but not wild expression. In a few seconds he was reconciled to our presence, but frequently sprung up to the sitting posture with a scream, and put his hand to his throat, as if he were choking, at the same time throwing his head up, as if he wished to inhale deeply. He would then handle or move the bed-clothes, but without any apparent determinate object; then sigh frequently and deeply, and become quieter. In a few minutes, again, the same was repeated. Sometimes he raised himself more than half out of bed, but raised his chin as if to lengthen his neck, and carried his hand to the throat and the breast. At these times there was an evident catch in the breathing, or difficult inspiration. There was in the intervals of these spasms of the throat jactitation of the body, and twisting of the mouth, particularly drawing down of the angle of the mouth on the same side as the bite. He very frequently gave something between a sigh and a moan; he retched occasionally, and brought up a frothy fluid like saliva, which was adhesive and stringy. Whatever he did was in a hasty manner: and his question "*Fat*," Aberdonice for *what*, when he did not understand us, was given in a startled way, not that he was frightened at us, but as if under fright from some other cause. On offering to touch him, he started up to the further corner of the bed; but, in an instant, on telling him that we wanted to feel his arm, he put it out to us. The same took place on offering to touch any part of his body; but on coaxing him a little, he took my hand, and conveyed it himself, first to his left arm-pit, and then to the back of his neck; but he had the greatest sensitiveness in regard to touch, and no deliberate examination of any part could be made from his restlessness and uneasiness. When questions were put to him, he spoke sensibly, but hurriedly, and always as if in alarm. He appeared to take no interest in the conversation we had with his mother as to the history of the case, nor to regard our presence or look much at us, the frequent paroxysms keeping him in a constant state of alarm and pain. There was no matter or inflammatory redness about the scars on the wrist. His pulse, as far as could be ascertained, was very weak and rapid, about 120; the skin was cool; he had made urine, and his bowels had been fully opened; he had vomited (he told Dr. Cuddie) all his medicine. His mother stated that he had had a swelling in his arm-pit two or three days before, but, as far as he allowed examination, nothing of the kind could be felt. The blood taken in the morning was in a dark clot, and so soft that the probe could not raise it, but passed through it. A tin tumbler of water was offered him, which he rejected with a start; but on again coaxing him, he agreed to take a drink, provided he got a spoon and a plate. He then took two or three spoonfuls of the water into the plate, and took a spoonful of the fluid from the latter, which he swallowed. His hands shook much, and he darted the spoonful to his mouth suddenly, after having as it were made up his mind to swallow the water, but immediately after retching and vomiting took place.

Before we left him I poured some water from a height on the plate without his seeing me, and he instantly projected his hands in a supplicating attitude, with a countenance of extreme terror, and then buried himself under the bed-clothes. Dr. Cuddie stated the symptoms to have been the same in the morning, but that the pulse was stronger and the spasms more frequent. In the evening, at half past seven, he was taking some porridge and milk; but his pulse was scarcely to be felt; the skin was cold, and his face was congested. He was also somewhat delirious, and inclined to be talkative, and rather witty with Dr. Cuddie, whom he best knew. He died about 11, in one of the paroxysms, according to his mother's statement.

The body was examined by the same parties, and Mr. Fraser, surgeon, nineteen hours after death.

The throat, chest, abdomen, head, and spine, were most carefully examined, but nothing particularly deserving notice observed. The tongue was indented on the sides by the teeth, and there was some adhesive mucus on the palate. The glottis and pharynx were natural. The spaces betwixt the rings of the trachea were somewhat vascular. The œsophagus was pale as usual, except close to the cardiac opening, where the tint was pinkish. The mucous coat of the stomach was marked by some spots composed of close red dots. The intestines, particularly the colon, were much distended with air, and giving out the smell of turpentine, of which he had an enema.

The lungs were rather congested. The heart contained semi-fluid blood in both ventricles. The liver was natural.

The kidneys were rather vascular.

The brain was natural; or if any change, it was that the great commissure and *corpora striata* were rather soft. Bubbles of air were observed in the veins; and not half an ounce of fluid in the brain. Some fluid was found in the theca of the spinal canal. The chord was in some places more vascular than usual; but as to this all were not of one mind.

The body was pale; the lips rather blue; the joints stiff. The largest scar was close to the wrist on its internal and anterior side. It was jagged and irregular on the edge. On laying open the part, it was found to be placed over the ligament binding down the tendons, and immediately over the ulnar nerve, but not penetrating to it. There was no purulent matter, nor signs of inflammatory action. The other scar was on the back of the metacarpal bone of the thumb, but was healed up, or left only a slight mark. It was found immediately over the posterior branch of the muscular spiral, but there were no appearances of the bite having gone through the cellular tissue. The nerves were perfectly healthy, and no appearance of any inflammation of the absorbents in the arms was recognised. There was no swelling in the arm-pit.

Case 2.—G. G., aged 28, married, a stout, muscular farm-servant, was admitted into St. Nicholas' Ward about 2 p. m. on Monday, the 12th August, 1839, with symptoms of hydrophobia.

He stated, that on the 7th of July, on attempting to tie up a dog, which was supposed to be unwell, he was bitten in the right fore-arm near the wrist, and in the fore and upper part of the right thigh. To both wounds caustic was freely applied soon after the injury, and they were then dressed with basilicon and poultices until they healed, which took place in about a fortnight. He then remained free from complaint, excepting a degree of weakness, until the 7th of August, (five days ago,) when he felt occasional sharp pains in the fingers and right arm, extending towards the *axilla*, with numbness and diminution of power in the whole extremity. He continued at his work, however, until Saturday, the 10th, when the pain in the arm increased, and extended to his neck. He then applied for medical aid. He was ordered a dose of calomel and jalap, with a mixture containing *Mist. Camphoræ*, ℥iii.; *Solut. Muriat. Morph.* ʒi. *M.*, of which he was to take a table-spoonful occasionally.

On Sunday (11th) he was restless from oppression about the chest, with some sense of choking. He had not taken the mixture as prescribed; the powder had operated well; the pain in arm was less severe, but the arm was still numbed. His appetite was good, and he ate on this night a hearty supper before going to bed. He had not been asleep long when he was awoke by an oppressive sense of choking, from a feeling as if a lump lay at his chest, with increased pain in the right arm, and which he distinctly described as extending to his throat and chest, with almost total loss of power of the extremity. When he got up to drink some toast and water to quench his thirst, which was very urgent, he found he could not swallow it; and when he again tried and succeeded, the effort was followed by so severe a paroxysm of agitation, choking, and profuse perspiration, as, to use his own words, "almost destroyed him." He slept none after this, and continued restless.

When first seen on admission into the hospital on the 12th, he was being fed by the nurse (out of a white vessel) with bread and milk, of which he was reported to have swallowed, though with difficulty, some spoonfuls. He complained much of want of sleep; was tranquil in manner; occasionally sighed deeply, but without irregular breathing; said the cold air annoyed him, and requested the door to be kept shut, and then gave the foregoing account of his complaint.

He expressed no disinclination to take fluids when offered him; but it was evident the resolution produced anxiety; and when the vessel was brought near him, his eye glistened, and his frame and manner became agitated and flurried, but without actual spasm. The impression on my mind at the moment was an unwilling compliance, or wished for evasion of the question, as he entreated in rapid succession not to be hurried, to give it in a spoon, and that it should be warm. Warm fluids produced less uneasiness than cold, and solids less than either. The cicatrices presented nothing unusual; they were very slightly tender, of a deep purple colour, without induration, and partially covered with a loosely adherent scale. Both arms were numbed, particularly the right or bitten arm, with which he was unable to lift any thing. He could, however, raise it to his head when requested. He had no numbness or uneasiness in the lower extremities. The pulse was about 100; tongue covered with a thick, tenacious, white coating, but moist; the body was covered with perspiration.

℞. *Camphoræ; Calomelanos a.* gr. iii.; *Opii Pulv.* gr. i. *M. Ft. pilul.* ii. *statim sumendæ.*

8 P. M. He had several short sleeps. From the first he awoke agitated and alarmed, from the others quietly. He took some warm bread and milk with a little difficulty, but shrunk from cold water. He thought himself not so well. Had frequent eructations during the visit, which, each time, was followed by a slight tremor and uneasy motion of his body. On requesting him to drink, he was thrown into violent agitation before it had approached him, attended with catching and deep hurried inspirations, and he begged us to desist. Shortly after this he swallowed one or two spoonfuls hastily, and with much difficulty, perspiration continuing profuse. The tongue and pulse were much as at last report. He was ordered two pills containing *Calomel.* gr. iv. *Opii*, gr. ii. *Camphor.* gr. iii. every four hours, and the following liniment to his back and breast: *Tinct. Opii.* ℥i. *Spt. Camph.* ℥ss. *Aq. Ammon.* ʒii. *M.* A turpentine enema was directed to be given.

August 13, 9 A. M. Had taken six of the pills ordered last night, and he had slept several times quietly though shortly until 5 A. M. when he took the last pills. Soon after this he was attacked with violent spasmodic retching, with a copious flow of glutinous frothy saliva from the mouth, mixed with dark streaks, apparently blood. He complains much of a disagreeable taste in mouth, with a sense of burning at epigastrium and throat. The breathing not so hurried or oppressed, neither has he the same dread of liquids, having, he says, helped himself to some cold water. A pill of croton oil and crumb of bread, ordered at 6 A. M. has only now been taken, after much persuasion and increased difficulty. Feels inclined to eat, but positively refuses to take more medicine. The enema produced no effect. Pulse about 120; tongue more furred; sweating still profuse.

Noon. He is reported to have taken some biscuit soaked in tea, with little difficulty, and continued quiet and tolerably comfortable until half past 11, when the retching and flow of saliva returned. Has talked at times incoherently, affirming that he has been poisoned, and all around him have conspired to murder him. At present he is quiet, but his expression of countenance is more anxious; spoke sensibly; and, when requested, took a spoonful of water with less apparent reluctance and difficulty than last night; pulse 130. He was directed to have immediately a teaspoonful of laudanum, to be repeated every third hour; and a purgative enema. About an hour after this, whilst I was visiting the other patients in the ward adjoining his closet, he became violently agitated, threw himself about in bed, talking loudly and incoherently, while the frothy saliva flowed copiously from his mouth, but without retching. The perspiration ran from his face. This attack appeared to have been brought on by an occurrence in the ward,—a patient having suddenly expired, whose last shriek he appeared to associate with the cry of his child, about whom and his wife he raved. The paroxysm soon passed off, and he became submissive, lay with his eyes half closed, and swallowed a teaspoonful of laudanum with little persuasion or difficulty. In the afternoon had several similar paroxysms of agitation. The laudanum was repeated, but was immediately rejected. The pills and the enema he positively refused. About 6 P. M. he vomited a considerable quantity of a blackish fluid, resembling coffee-grounds, after which he lay in a state of collapse for about five minutes, when the whole body (right arm excepted, which was uncovered, and hanging over the side of the bed,) became cold, and covered with a clammy sweat. About 7 P. M. the same symptoms returned, with a similar termination, and again about twenty-five minutes to 8 P. M. when, at the close of the paroxysm, he ceased to breathe. In the intervals between the vomiting, he was at times composed and spoke sensibly, but more generally raved on the old theme of being poisoned; but during the whole time he knew and called those around him by their names.

An inspection was not granted by his friends.

CASE 3.—2d October, 1839. Mrs. D——, aged 52, married, the mother of a family, and of sober and regular habits, but of a nervous temperament and easily excited, had been complaining of what she thought was a cold since the afternoon of Thursday, 26th September, on which day she received a fright from a cat destroying a favourite bird of her son's. On Saturday, the 28th, she was out at market; and on that day she told her family that she was dying, and requested them to send for medical advice to save reflections.

When visited on Sunday at 4 o'clock, she was found complaining of difficulty of swallowing, especially fluids, attended with occasional fits of dyspnœa, and inability of remaining at rest in bed. On offering her any thing, she felt a great sense of choking and suffocation, and she snapt at what was offered to her, or took it in a hurried and jerky manner. She had a great terror at liquids, although she complained of much thirst. Her pulse was not quick, but weak; her mouth clammy.

On Monday (30th) she was in much the same state; slept very little, and when she did so, always awoke with a sense of suffocation. She preferred sitting up by the fire to being in bed. Bowels opened by laxative medicines. Had been ordered an antispasmodic mixture.

Tuesday (1st October). Spasms and excitement worse, but with difficulty had swallowed a little biscuit and tea. Was continually talking, but answered questions distinctly. Fancied she saw persons about her; had no sleep; had the same horror when any thing was put to her mouth, and snapt at it as before. At 1 o'clock she was in a convulsive fit, with twitchings of eyelids and cheeks, and mouth open, with the tongue partially protruded. She died at 3 o'clock, forty-seven hours from the period she was first visited.

The body was examined twenty-one hours after death. In the brain every part was natural, except that the left thalamus was internally of a slightly pinkish hue, and the consistence not, on the whole, so firm as the other one. The *velum interpositum* was more than usually vascular, and this state was very remarkable in the situation of the pineal gland. The veins in the *pia mater*, where it enters the fissure of Sylvius, were very tortuous and large, but empty.

The viscera of the chest were natural. The only thing deserving notice in the abdomen was, that the stomach was remarkably small. Its mucous membrane, and that of the œsophagus, were quite healthy.

On considering all that we had observed in this inspection, and taking the symptoms, a few of which had been mentioned to me by the medical gentleman who attended her, in our walking to the house, (the above history having been furnished by him the day after,) I was struck much with the case. From her peculiar temper, it had been looked upon as a nervous affection, or a case of hysteria; but it was stated by the friends that the woman herself was acutely sensible of her horror at liquids, and that she had repeatedly told them she could not take them, but would make the attempt, and that the manner she did so was such as to astonish them all. She had also complained much of the cold air when moving the bed-clothes about her; but they had not observed any thing particular in her appearance, nor heard her make any complaint on the door being opened. The husband also stated that she had retched often, and that what she brought up was froth and "like soap-suds."

I had observed a little dog on entering the passage of the house, and had asked them if the dog was theirs. The husband said that they had had a dog, but that it died about six weeks ago. They could not say what was the matter with it, but it drooped, and could not eat or drink, from its tongue being protruded, and so swelled that it could not get it back into its mouth. It was not vicious, and never had bit any one, nor been bit. In its illness it paddled with its mouth in water put down to it, but could not lap it up from the state of its tongue. It slavered much. The woman was extremely fond of it, and nursed it on her knee frequently. I examined her hands, but saw no scratches or sores. On further inquiries being made at the husband and sons two days afterwards (the woman having been buried), they stated that the dog had come home some time before its death with a cut in its head, but whether by a dog or not they could not say; and they also stated that the deceased had a sore on her arm, which she was in the practice of making the dog lick, in the belief that the doing so would heal the sore.

It was apparent that the friends believed the woman's death was connected with the dog; but they wished it kept quiet, and it was with considerable reluctance they gave the preceding statement.

Art. III.—MONESIA.

BY A. D. CHALONER, M. D.; AND BY W. S. W. RUSCHENBERGER, M. D., U. S. NAVY.

Philadelphia, September 18th, 1830.

Dr. R. Dunglison,

Dear Sir,—The following notes on a new vegetable substance, called "*Monesia*," which I had collected, if of any service to you, are at your disposal. Hoping that in them you may find something to repay for their perusal, I remain

Your obedient servant,
A. D. Chaloner, M. D.

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During the last winter I received, through the politeness of Dr. Joseph Warrington, (the skilful and accomplished accoucheur of the Philadelphia Dispensary,) a specimen of the bark of a tree from Chili, with a fluid extract of the consistence and colour of tar, made from the bark. The bark was called by the Chilians "*killeai*" or "*quillai*" bark, and the extract was used by them as a *soap* for the ordinary purposes of washing. Not having leisure to examine the extract, I deferred the analysis of it until the summer; in the month of April, I obtained some of the "Extract of Monesia" for the purpose of arresting a profuse discharge of blood, in a case of menorrhagia of seven weeks' duration.

On examining the monesia, I was struck with the resemblance between the extract that I had received from Chili and the monesia; and on evaporating the fluid extract by means of the sun's rays, a substance was obtained resembling the monesia in every particular. Dr. Martin St. Ange, in his paper on monesia, observes "that the extract of monesia is prepared in the country from the bark of a tree, whose botanical name is not known;" on examining the "Histoire Naturelle du Chili, par M. l'Abbe Molina, traduit de l'Italien, et enriche de notes, par M. Gruvel, D. M., I find the following description:

"*Monoëcia—Polyandria—Quillaia*—Masc. cal. 4, phyllus con. o. stamina 12. Foemin. cal. 4, phyllus. con. o. Styli 4. Caps. 4, locularis, semina, solitaria. Folia alterna, ovato-oblonga, indivisa, denticulata, sempervirentia, petiolata. Pedunculi axillares. Flores masculi et feminei in eadem ramo. Calyc. foliol. oblongis, persistentibus. Stam. capillaria long. calycis. Antheræ subrotundal. Germen subrotundum. Styli subulati. Caps. subquadrata."

Quillaja Saponaria.[1]—"The Quillai (quillai saponaria, gen. nov.) This tree, whose trunk attains more than the middle height, is covered with a thick bark of an ashy gray; it is divided at the top into two or three branches, which bear leaves like those of the green oak; the flowers are the same as respects the stamens, but the seed is enclosed in a quadrangular capsule. The wood of the *quillai* is very hard, and difficult to be split; it is on this account that the peasants make stirrups of it; but what makes this tree more valuable to the Chilians, is *the bark, which being pulverised and mingled with a sufficient quantity of water, foams like soap, and has the same effect in removing grease from woollen and other stuffs.* The commerce which is carried on with this bark is considerable; the Peruvians, especially, import a large quantity. The name of the tree is derived from the Chilian word *quillean*, which signifies to wash."

The bark which I have received from Chili accords with the above description of the *quillai* in every respect. *Monesia*—its properties:—it is soluble entirely in water—nearly insoluble in pure alcohol—is incompatible with the following substances: acetate of lead, corrosive sublimate, salts of iron, iodine, ferro-cyanuret of potassium, the pure alkalies, potassa, soda, and ammonia—which I have ascertained by experiment. Its watery solution is decidedly acid, turning litmus paper to a bright red colour. The taste of monesia is peculiar: first sweet, soon astringent, then acid, and finally pungent and permanent, especially in the fauces; it also thickens the saliva—if, when in the state of a fine powder, it be snuffed up the nostrils, it causes violent coughing and sneezing. I have used the monesia, in the form of pill (3 grs. each), in menorrhagia[2] and dysentery, given every two or three hours according to the violence of the disease,—as an ointment, in the proportion of 8 grs. of monesia to ʒj of simple cerate, in herpes labialis, with effect,—also the tincture, in the proportion of 30 grs. to f℥j, as an application to indolent ulcers and scrofulous abscesses.

After the external application of the monesia, either in the form of an ointment or tincture, severe pain and smarting ensues, which passes off, however, in about fifteen or twenty minutes. The watery infusion has been

[1] This description I have translated literally.—A. D. C.

[2] Vide Medical Examiner, vol. iii. pp. 207, 215, &c.

used with success in tinea capitis,—the Chilian ladies wash their hair with it, making the hair silky and smooth.

Respectfully, yours, &c.
A. D. Chaloner, M. D.

My dear Sir,—I regret that I have not yet heard from my friend Dr. Styles on the subject of the extract of quillai, which is supposed by Dr. A. D. Chaloner to be the same article as monesia, which has attracted so much attention in Paris.

I spent the first half of the year 1827 in Chili, and there became acquainted with the quillai bark, and though I was told it was used medicinally by the Indians or aboriginal natives, I never learned any thing in relation to its specific application. As I have stated, it was known more for what might be considered its domestic virtues than medicinal qualities. On my return from Chili in the autumn of 1829, I brought some of the bark to this city; but I do not know that I was the first who did so. I spent parts of the years 1831, 2, and 3 on the coast of Chili, and when I left Valparaiso in October, 1833, the extract of quillai was not known there. I brought home with me a very considerable quantity of the bark, for the purpose of causing experiments to be made with it, to ascertain whether it might not be useful in the arts; and about the same time several tons of the bark were imported into Baltimore. In April, 1835, I received a letter from my friend Dr. J. Styles, of Valparaiso, informing me that a foreign pharmaceutist had prepared an extract from the quillai, from which he hoped to derive great benefits, if experiment should prove the extract to be a valuable medicine, as was suspected. As I was on the eve of departure from the United States, I was not able to cause its virtues to be tested as I had been requested to do.

When in Chili in 1837, the fluid extract of quillai was not in general use as a medicine; but chiefly known as a cleanser of woollen and silk stuffs, and a promoter of the growth of hair. Its application was not more extended than the bark itself, which is not used for common laundry purposes in Chili—at least not upon the coast; perhaps for the reason that the tree does not sufficiently abound in the country to render its bark procurable at an expense which would bring it into competition with soap.

M. Bernard Derosne describes the bark from which the monesia is prepared as of a deep brownish-red colour, and presenting a clean fracture (see page 3 of his brochure.) How far this description applies to the bark of the quillai, and to the dry extract prepared from it in Chili in 1834 or 5, you can judge by the specimens which I herewith send for your acceptance.

I have employed a cold infusion of the bark in several affections of the skin of mild character, and as a wash for indolent ulcers with advantage; and in one case it proved to be an effectual remedy for itch.

"The quillai is the bark of the *quillaja saponaria—Molina*, a large tree growing at the foot of hills and in the mountain valleys of Chili. When the bark is broken into small pieces, and infused in cold water, it forms a suds similar to that of soap. With this the ladies of Chili are in the habit of washing their heads, once in about ten days; they say it preserves the scalp from dandruff; it certainly gives the hair a very clean, glossy appearance. Besides, it is also useful for cleansing cloths, silks, and crapes from grease, without injuring either their texture or colour; and it is sometimes used as a medicine."[1]

The quillai bark is brought to market in bales, or rather bundles, containing each from one to two hundred or more pounds. The bark is in pieces of from three to five or six feet long, from two to eight inches wide, depending very much upon the size of the trunk from which it may have been stripped. The tree grows sometimes to the height of 40 or 50 feet, having a diameter at the ground of from one to two feet.

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[1] Page 100, "Three Years in the Pacific," Carey, Lea & Blanchard, 1834.

Externally the bark is rough, and of a deep reddish-brown colour; its internal surface is smooth, of a cream white, which darkens by age; and when recently dried, is almost entirely covered by minute crystalline particles. When broken, the inner bark is found to be tough, compared with its outer covering, and may be stripped into ribbons and pliant shreds several inches in length. The interstices of its fibres seem to be full of an almost impalpable powder, which is cast out when the bark is fractured, and when brought in contact with the lining membrane of the nose, excites sneezing, and sometimes a slight sense of stricture about the fauces. Its taste is peculiar; at first slight, then sweetish, warm, and finally leaving an unpleasant impression upon the fauces like that produced by chewing senega, which endures for some time. The old bark floats in water until it becomes thoroughly wet, when it sinks. If steeped in cold water for eight or ten hours, in the proportion of a handful of shredded or coarsely powdered bark to a gallon of water, it produces an infusion of the colour of common ley, which, when agitated, presents upon the surface a resemblance to soapsuds.

From what I have seen of the effects of this cold infusion, I should be disposed to give it a fair trial as an injection in leucorrhœa, with an expectation of very decidedly favourable results—probably more remedial than those which have been derived from a similar application of the monesia in this affection.

The means of verifying the experiments made by Dr. Chaloner are at hand in this city; and it is to be hoped that those who have the opportunity will not fail to seize upon it, to set the question at rest, whether monesia and the extract of quillai are prepared from one and the same tree. It may be discovered, perhaps, that monesia consists of extract of quillai with an addition of glycyrrhiza, &c. My own experience does not warrant me in expressing a decided opinion upon this suggestion.

Very respectfully and truly yours,
W. S. W. Ruschenberger,
41 South Eighth street, Sept. 1840.

Professor R. Dunglison.

Art. IV.—ON HYDROPHOBIA.

BY JAMES MEASE, M. D., PHILADELPHIA.

Dear Sir,—Your statement in page 170, of the "New and successful treatment for the prevention of hydrophobia," by Dr. Miroff, of St. Petersburg, demands a notice. Let us endeavour to lay open the mystery of the disease, although we cannot cure it.

No possible objection can be made to the treatment Dr. M. prescribes, because all other modes have failed; the way is therefore clear; but part of the prescription is not original, viz. dressing the wound with the ointment of red precipitate of mercury; the use of which can only be to keep the wound open, and thus favour the discharge of the canine virus. The *probable* benefit derived from the practice has repeatedly been experienced by persons bitten, who have been enabled to keep up a drain from the part for some time. I say, and *italicise* the word "probable," because no man can with any but a shadow of propriety, ascribe his success in the prevention of the disease to any internal or local treatment, when it is known that not one in twenty of those bitten takes the disease. Such is the chance for an escape, and such is the calculation of mortality from a bite, formed from ample experience. A policy of life-insurance of a bitten person might be based upon this datum. It has, moreover, often happened that persons bitten by a dog paid no attention to their wounds and remained well, while others bitten by the same dog, and treated by excision of the part or caustic, died of the disease.[1] Besides, if Dr. Miroff had been familiar with the facts on hydrophobia, he would have known that "one year or more" was not enough to test the infallibility of his or any treatment; for the virus has remained much longer inactive in the system, and yet was roused into action with fatal effect. Very old medical authors assert that fifteen and even twenty years and more have elapsed between the reception of a bite and the appearance of the disease; to these long intervals, however, I must demur; nevertheless, I gave credit to and have recorded one undeniable case, in which three years and four months intervened after a bite until the symptoms appeared.[2] If, then, I should be asked why longer intervals cannot be credited, I can only reply, that there is no record of a case of the genuine disease having appeared after the virus had remained inactive for such long periods as just mentioned; the mere *ipse dixit* of the old medical authors will not be received as truths in the present searching age. "What can we reason but from what we know?" There can be no question of the interval between the bite and the disease of three years and four months, and until it is clearly ascertained that a longer interval has occurred, we must set down the first of those periods as the limits to our belief of the inactivity of the virus. How it happens that a poison so inveterate and uncontrollable when it does operate, should remain so long dormant in the system, and even sometimes when other acute diseases have been sustained and treated during its quiescence, is one of the mysteries of the animal economy well worth investigating, and one that would form a proper subject for the Boylston (Boston) annual prize, or for a prize from the learned body, the College of Physicians of Philadelphia.

In the year 1818, the *Alisma plantago* was strongly recommended, in an express treatise, by a Russian counsellor of state, as a remedy for the disease, on the *authority of a peasant*, who was said to have been very successful in the treatment of it. This is a common marsh and ditch plant of Europe and the United States. In the year 1821 was published the plan of treatment by Dr. Marochetti, of Russia. The chief theory upon which he laid great stress was, that the virus is conveyed in full force to the two sublingual glands, one on each side, between the genio-glossi muscles, the lower jaw, and the inner membrane of the mouth, which immediately covers them, and that the virus is conveyed to the extremities of two or three secretory ducts proceeding therefrom, forming one or two small tumours of unequal size, which are to be opened by a lancet, and a few drops of sanious lymph evacuated and spit out. The mouth is then to be washed with a decoction of genista (broom). Dr. M. says he too was indebted for a knowledge of the discovery to a *Russian peasant*, who had been very successful in the treatment of the disease.[3] A due estimate of the authority to be attached to such a source of medical instruction as a Russian peasant, of whom not one in ten thousand can read or write, and are probably as ignorant and stupid as any inhabitants of the earth, may be easily formed. The Alisma and Dr. M.'s method of treatment appear to have had their day. I have not seen the particulars of any cases treated by either the first remedy or the last plan, and I presume I never shall. Dr. Miroff's is the third Russian mode of treatment, the merits of which, at least in the United States, remain to be ascertained, for I must enter a caveat against reported cases from Russian physicians or Russian peasants.

James Mease.

Sept. 23d.
Professor Dunglison.

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[1] See my paper "On Snake-Stones and other Remedies for the Prevention and Cure of Diseases from Snake and Dog Bites," in Coxe's Med. Museum, vol. v. p. 1.

[2] Med. Repos. New York, vol. v. p. 298.

[3] Med. and Phys. Journal, New York, vol. i. p. 117. 1822.

BIBLIOGRAPHICAL NOTICES.

Gannal's History of Embalming, by Harlan.[1]

This work forms an octavo of 264 pages, neatly bound in boards, and, together with numerous additions, may be purchased at a price much less than the original could be imported. Mr. Gannal's process has already been introduced into the great anatomical schools of Paris. The Montyon prize has been awarded to the author by the National Institute; he was also equally complimented by the Royal Academy of Medicine.

Of Dr. Harlan's qualifications as a translator, thoroughly informed on the subject of his author, no one can doubt,—engaged, as he has long been, in making preparations on human and comparative anatomy; and by his recent residence in Paris, having had ample opportunities for witnessing the results of Gannal's processes, and of various analogous improvements. We agree with Dr. Harlan, that the volume before us embraces subjects of interest to both the general and the professional reader, and that it contains "indispensable material for the researches of the practical anatomist and student of natural history."

Stokes's Lectures on the Theory and Practice of Physic, by Bell.[2]

It is scarcely necessary for us to repeat what we have already said touching the value of Stokes's Lectures. The first edition appeared in the pages of this Library, and the only collected copy of his writings prior to the present existed in that form; for whether it is that the lectures are not as highly prized in Great Britain as they are here, or that some other cause may be in action with which we are unacquainted, they have only appeared there in the pages of a periodical.

Dr. Bell has added to Dr. Stokes's lectures certain dissertations to which he has given the same term, and endeavoured to accommodate the language as if they had been addressed to a class of students.

Of the twelve lectures added, one is on the characters of typhus and typhoid fever; no less than seven are on congestive fever; and the rest discuss cholera in its various forms, the exanthemata, rheumatism, and chronic laryngitis.

To render Dr. Stokes's work more extensively useful, we should have adopted a different course from that pursued by Dr. Bell. As far as the work went, it was valuable in many respects. It was not only instructive, but attractive; yet it was confessedly, as a guide to the student, imperfect. This imperfection would, in our mind, have been better supplied by dividing the chapters or "lectures" on congestive fever amongst subjects any one of which would have been equally important. As it now is, the student may in vain look for information on some of the most interesting diseases; and even his reference to what the work really does contain is greatly impeded by the want of an index. In the first American edition the index was sufficiently brief, but still it was an aid; whilst every one who refers to the edition before us is compelled to wade through a long table of contents before he can find the reference he desires. Yet Dr. Bell has been industrious, the additional lectures occupying upwards of 170 pages of the volume, and containing—as every thing proceeding from him must contain—information of much interest to the profession.

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[1] History of Embalming, and of Preparations in Anatomy, Pathology, and Natural History; including an account of a New Process of Embalming. By J. N. Gannal. Paris, 1838. Translated from the French, with notes and additions, by R. Harlan, M. D. 8vo, pp. 264. Philadelphia, 1840.

[2] Lectures on the Theory and Practice of Physic. By William Stokes, M. D. &c. &c. 2d American edition, with numerous Notes and 12 additional Lectures. By John Bell, M. D., Lecturer on the Institutes of Medicine and Medical Jurisprudence, &c. &c. 8vo. pp. 672. Philadelphia, 1840.

MISCELLANEOUS NOTICES.

Paine's Medical and Physiological Commentaries—We are requested to state, that Dr. Paine will soon reply, in a pamphlet, to all the strictures of H. J. B. which have appeared in the Boston Medical and Surgical Journal, in relation to Dr. Paine's Essay on the Principal Writings of M. Louis, contained in his valuable "Commentaries."

Philadelphia School of Anatomy.—The annual announcement of this school of anatomy, under the superintendence of Drs. James M'Clintock, and J. M. Allen, contains the names of 135 students, who formed the class of 1839–40.

Philadelphia Hospital, Blockley—Dr. M'Clintock.—The Board of Guardians have recently appointed Dr. M'Clintock as one of the obstetrical physicians to this institution, in the room of Dr. Charles Bell Gibson, resigned. Dr. Gibson will, in future, practise his profession in Baltimore, where we trust he may meet with eminent success.

On the structure of the Macula Lutea (Foramen of Soemmering) of the Human Body. By Dr. Grube, of Konigsberg.[1]—The author had previously made many observations on the structure of this part, but their results had been unsatisfactory, in consequence of the length of time that had elapsed after death before the eye was removed. The examination here described is that of an eye taken from a body a few hours after an accidental rupture of the spleen.

The retina adhered so firmly to the vitreous humour that the greater part of the latter could be removed only by carefully cutting with scissors. With the naked eye it was at once easily discerned that the level of the macula lutea was not a little raised above the surface of the retina. On placing it and the part around it under a microscope magnifying 300 times, and compressing it but slightly, the maculata lutea presented exactly the appearance of shagreen. Longish-round corpuscles, which were smaller the nearer they were to the centre, and there not more than one fourth or one fifth of the size of the medullary corpuscles on the surface of the rest of the retina, were arranged close together and with great regularity, like rays passing from the centre to the circumference of the spot. Towards the circumference they became larger, and gradually merged into the form and size of the corpuscles of the rest of the retina. The circumference, however, did not form a regular circle, but the small medullary bodies radiated beyond it at some parts, to different distances from its outline.

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[1] Muller's Archiv. Heft. i. 1840; and Br. and For. Med. Rev. July, 1840, p. 255.

New method for the radical cure of Varix, and especially of Varicocele. By M. Ricord.[1]—After pointing out the errors of believing that varicocele affects only persons of twenty or thirty years old, and imagining it to be a common consequence of gonorrhœa or epididymitis, whereas in fact it is more generally a predisposing cause of the latter disease, and instead of being produced by it, is more often cured by it; M. Ricord proceeds to describe his mode of operation.

"The hair must be shaved from the genital organs on the side to be operated on, and the veins must be dilated by making the patient walk about a little, or by enveloping the scrotum for a few hours in hot poultices, or by fomentations. This being done (though if the swelling is at all times considerable these precautions are unnecessary), the vas deferens must be separated from the mass of veins, and the latter being taken up with a fold of the scrotum, a flat lance-shaped needle armed with a double-looped thread must be passed beneath them. When the needle has been passed completely through the skin from one side to the other, the veins are to be let go, the skin alone being now held up, and then a second needle similarly armed must be passed through over the veins, entering at the same hole by which the first needle was thrust out, and passing out at the same hole by which the first entered. The bundle of veins is thus fixed between two double threads, of which one passes over and the other beneath it. The ends of each double thread on each side are then to be passed into the loop of the other, and now, by drawing these ends in opposite directions, the vessels are tied beneath the skin. By this kind of ligatures the vessels may either be suddenly constricted or be tied gradually in a manner something like that adopted by M. Breschet, or most conveniently by a properly adopted *serre-nœud* after the fashion of a tourniquet.

"It is usually from the tenth to the twentieth day that the vessels are divided by this means, and their division may be easily recognised by the freedom with which the ligatures may be drawn from one side to the other without being, as they were before, retained by the parts which they inclosed. It sometimes happens, that at the instant of the first constriction the patient suddenly feels rather an acute pain in the course of the spermatic cord; it is usually less severe than in the other operations for the same purpose; and though it often recurs at the successive constrictions, yet it has never been long continued, nor given rise to any accident. It is sufficient to keep the scrotum raised, to employ some anodyne frictions on the inguinal canal or the lumbar region, or to apply some emollient poultices, to effect its removal. Sometimes a slight œdema of the scrotum supervenes, and I have twice observed rather a considerable serous effusion in the tunica vaginalis. In one patient, also, who went out of the hospital and in a few days after the operation exposed himself to great fatigue, a slight abscess formed in the cellular tissue; but with these exceptions, there has been no important accident.

"It must be clearly understood, that if the patient is strong and plethoric, he is to be bled from the arm directly after the operation; that the horizontal position must be maintained till the vessels are cut through; and that the bowels must be carefully kept open.

"Twelve patients have now been operated on in this manner at the Venereal Hospital, and in all the most complete and satisfactory result has been obtained. The three last of them were presented at the Academy of Medicine; two completely cured, and the third, who was operated on only two days previously, still wearing the ligature and the *serre-nœud*.

"I have employed the same method for varices of the legs. I have already operated on nine patients, some having simple varicose swellings, and others varicose ulcers. In some a single ligature was sufficient, in others as many as four were applied. In none have there occurred any symptoms of phlebitis; the varicose veins have been obliterated and the ulcers speedily cicatrised; and in one of the patients whom I saw six months after the operation, there was no relapse. Still, however, I do not think that this method is likely to be so successful in all cases of varices of the lower extremities as in those of varicocele."

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[1] Bulletin Générale de Thérapeutique, Mars, 1840; and Br. and For. Med. Rev. July, 1840, p. 271.

Revaccination in the Prussian Army in 1839. *By Dr. Lohmeyer.*[1]

Total revaccinated		41,481
Of this number there were *distinct* marks of previous vaccination in	33,225	
indistinct in	5,889	
none in	2,367	
The course of the disease was regular in		19,249
irregular in		8,534
And no effect followed in		13,698
Out of the number that remained unaffected in the first instance, the operation was repeated with effect in	2,105	
without effect in	7,886	

Out of the number revaccinated, in whom the disease ran a regular course (19,249), there were produced perfect pustules as follows:

1 to 5 pustules in	8,762
6 to 10	5,650
11 to 20	4,095
21 to 30	742

Of those revaccinated with effect in 1839 and previously, there were attacked in the course of the same year,

With varicella	18
With varioloid disease	7
With smallpox	0

The revaccinations, as in former years, were made partly from arm to arm, and partly (in the beginning of the process) from dried lymph. In the operations from arm to arm, the lymph was taken partly from fresh-vaccinated children, partly from adults vaccinated or revaccinated. The results, as in former years, were so far similar in the two latter cases, that true pustules equally followed from either source; but it appeared from the testimony of several of the surgeons that there ensued a more powerful reaction, with considerable fever in the stage of maturation, from the insertion of the lymph from adults than from children. The inoculations from dried lymph often failed.

As had also been formerly observed, the disease was often remarkably well characterised in individuals in whom the scars of previous vaccination were strongly marked, while it often failed, and after repeated trials, in others who showed no trace of a former disease.

By way of experiment, many individuals, in whom there existed more or less distinct scars from *smallpox*, were vaccinated, and frequently in these there ensued perfectly good pustules both as to appearance and course.

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[1] Berl. Medic. Zeitung, April 22, 1840; and Br. and For. Med. Rev., July, 1840, p. 276.

THE

AMERICAN MEDICAL INTELLIGENCER.

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For the American Medical Intelligencer.

Art. I.—TREATMENT OF SNAKE-BITE.

BY W. BECK DIVER, M. D.

[The following communication was recently received from the zealous author, who left his country as a missionary, to bestow his valuable services on the benighted inhabitants of oriental regions. We hope his health may permit him to live long in his useful and benevolent career; and that we may receive from him—from time to time—the fruits of his observation and reflection.

We have likewise from him a History of Vaccination in China, which shall appear in our next number.—Ed.]

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Macao, May, 1840.

To the Editor of the American Medical Library and Intelligencer.

My Dear Sir,

The following history of the "Treatment of Snake-Bite by the Native Practitioners of Bengal," was originally printed in a Bengali paper, called Bháskar, or The Sun, and subsequently translated and published in the 91st number of the Calcutta Christian Observer for December last. It treats upon a subject of much importance in itself, and makes us acquainted with some native alexipharmics, as well as with the views and practice of the Baidyas, or medical men of Bengal, in regard to the action and counteraction of serpentine poison. It is for *practical* men to decide how far the Esculapius of Bengal is either rational in his theory or judicious in his treatment of his patients.

It will doubtless interest your readers as well as serve the cause of humanity and science.

Most respectfully yours,

W. Beck Diver.

Treatment of Snake-Bite by the Native Practitioners of Bengal.

"There are many varieties of snakes or serpents;—among these the four following abound in this province, viz. the Gokhura, or cow-hoofed snake, a species of Cobra di Capello, so called from a real or fancied resemblance in the spectacle to the prints of a cow's hoof; the Keütiyá, or black serpent, the black Cobra di Capello (Coluber Naja or Nága); the Kánor, or arrow-snake, a species of serpent which, attaching itself to trees, darts thence like a *bolt* upon its prey; and the Borá, or large boa constrictor. The bites of all these are fatal to life.

"The poison of the three first, viz. the Gokhura, the Keütiyá, and the Kánor, is excessively virulent and rapid in its operation. When a person has been bitten by any of these, the virulence of the venom, so to speak, instantly affects the sight,—the patient's eyes inflame, and presently he swoons away. Still the poison does not spread itself beyond the wounded part for the space of half an hour; after about that lapse of time it begins to make its way into the blood-vessels. For half an hour, therefore, following the bite, there is no danger to life; within that period, however, an iron, heated red hot, must be applied to the wounded part.[1] If this cannot readily be done, then let a bandage, drawn very tight, be applied a little above the part; then as the poison begins to ascend the vessels, the surface over them will swell or puff up successively in spots, as if a small pea or similar nodule were passing on. The moment of swelling must be very carefully watched, because the subsequent subsidence is instantaneous. Keeping, then, the eye steadily fixed upon the passage within of the poisonous *goutte*, let an incision be made with a sharp instrument at the distance of three fingers' breadth above the rising or gibbosity it occasions, so as to sever the vessel, when the poison will spurt out at the opening and fall to the ground. If, however, the operator be unable from inexperience to detect this,—to a common eye, not very perceptible symptom, another easy course in that case is as follows. As the poison cannot readily pass beyond the place of ligature, it there causes a fulness like the gradual swelling or inflation of a leech in sucking, seeming to strike against the bandage, or against a barrier to its passage, and then receding from the shock. This appearance is easily discernible. Now, if an incision be made just at the point of retrocession, the venom will instantly flow out with force through the opening made. Then loosening the bandage, let some salt be applied to the wound. The patient will suffer no further inconvenience.

"The mode of treating the bite of the Borá (or Boa constrictor) is different, except in so far as regards the application of a red hot iron to the wounded part; this is the first process in any case. The reason for this difference is, that the poison of the Borá does not flow readily; two hours only after it has been introduced it begins to gather into globules or drops, to penetrate the muscles and pass into the system. If, however, it have passed beyond the wounded spot, then let the part directly above the wound be divided with the knife, to ascertain how far it has passed. For no blood will flow where the venom has reached, nor is the patient sensible to pain from any incision made there. Where, however, blood flows upon incision, let the hot iron be applied all round the limb, leaving an armlet, as it were, of cauterised muscle; whereupon the venom will discharge itself through the opening, mingled with serous blood. This is the only *certain mode* of cure for the bite of the Borá,—failing which the patient runs the extremest risk of his life.

"Where, however, the above process has not been adopted, there is one mode of treatment which is applicable in all cases of snake-bite. It is this. As soon as the patient is seen to totter and fall, let a strong fire be immediately kindled close to his head. Then let a couple of earthen pots (or cooking pans) be brought and laid empty upon the fire. When these are thoroughly red, let one of them be taken up with a pair of tongs and held very carefully, mouth downwards, over the patient's head, so as, while it does not touch the head in any wise, yet to enclose it partially within its cavity. When one vessel cools, let the other be similarly applied. This course must be persevered in for at least two full hours, whereby a profuse perspiration will be excited over the patient's whole body, with which the poison will escape in a watery state. The patient will soon begin to open his eyes, and after a while will find himself quite recovered. Those who practise the cure of snake-bite term this mode of treating it Brahmajál (or *Brahma's magic power*), from the effect produced. It is effectual, however, only if applied while the poison remains confined to the head,—for if it once enter the abdomen, Dhanwantari (physician to the gods) himself must give up his case as utterly hopeless.

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[1] The actual cautery here prescribed is a favourite remedy in native practice on many occasions, as in treatment of disease of the spleen, &c. &c.—W. B. D.

"The people of this country believe that poison may be counteracted by charms; and as some cases have occurred in which persons bitten by snakes have recovered for whose cure charms had been employed, they have been confirmed in their belief. In our opinion, however, this is a groundless persuasion: our reason for which we freely give. The bites of snakes are of two kinds; one in which the tooth or fang has only scratched the surface—this is attended with no risk of life, because the reptile's venom being open to the influence of the outer air of the atmosphere, is prevented by it from spreading: the air mixing with or passing through the poison, diminishes its virulence and neutralises its noxious quality.[1] Hence it is that snake charmers in such cases, after reciting their incantations, conclude by striking two or three smart taps upon the wounded limb, when the patient, fully confiding in the efficacy of the process, instantly sits up quite recovered! The by-standers, too, and others, all believe the cure to have been effected by the charm.

"In the second case of snake-bite, however, that is, where the fangs of the creature have struck deeper and penetrated the muscle, charms are of no avail: when the enchanter (to cover his inability) declares that Time has stung his patient! The simple truth, however, is, that in these cases the venom has not been reached by the outer air; whence, in spite of incantations, however oft repeated, it spreads through the system, and the man expires!

"The teeth of the serpent are not universally furnished with poison. Just beneath the eyes of this class of reptiles are two elongated fangs, resembling the beard or very fine feelers of some small fishes. These are tubular, and would admit the passage of a hair. Through these tubes the poison flows. The poison of a serpent resembles honey in appearance and degree of consistence. Take a snake and place a metal vessel before it—if it dart its fangs thereat, its poison will flow into the vessel; a drop of blood placed in contact with the poison will not mix with it. Nor will swallowing it be attended with any danger to life: it will only cause a redness of the eyes and relaxation of the system, similar to what are produced by drinking of any intoxicating liquor. A little lime juice, however, is an effectual cure for these effects. Indeed lime juice is a specific generally in cases of snake-bite. It sometimes happens that the eating of fruit which has been previously bitten by a serpent is followed with loss of life; yet a dose of half a poyá (weight) about 7 ounces avoirdupoise, of lime juice, would have prevented the fatality; for want of a knowledge of the remedy a man dies!

"We have, in the above, treated the subject but slightly, yet are fearful our readers may think we have written too much already. We will therefore only add, in conclusion, that we had tested our prescriptions by previous experimental practising upon goats, &c., and that subsequently many individuals who had been bitten by snakes, in following the same course have been cured."

To Professor Dunglison, Philadelphia.

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[1] From this opinion (which I think is not supported by fact) I beg leave to differ. It is not clear that the abrasion of the cuticle by the fangs of the snake is unattended by risk, nor that the exposure to the atmosphere neutralises the poison, because the vaccine virus is introduced into the system by a mere scratch with the point of a lancet, and if there were any counteracting powers in the atmosphere, they would certainly be effectual in this case.—W. B. D.

ART. II.—ANATOMICO-PATHOLOGICAL RESEARCHES ON CIRRHOSIS OF THE LIVER.

BY ALFRED BECQUEREL, PARIS.[1]

The name cirrhosis was given by Laennec to a peculiar affection of the liver, in which that organ appears as if filled with numerous yellow granules, which are sometimes present in such numbers that the surface of a section of the liver presents an uniform yellow colour. If this surface is carefully examined, M. Becquerel says an innumerable quantity of minute granulations may be discovered, which may be compared to the lobules of hardened and reddish-coloured fat which are commonly found in the subcutaneous cellular tissue of the thigh and leg of anasarcous subjects. These little masses are sometimes intimately united to the texture of the liver, but they are frequently separated from it by a thin layer of cellular tissue, which forms a slight envelope round the globules, from which they are easily detached.

The exact nature, the causes, and the symptoms of this affection, are very imperfectly understood; and it is for the purpose of elucidating these points that M. Becquerel has published the present memoir. Laennec considered that in this disease a new morbid product was deposited in the liver, which he termed "cirrhose," and which he believed might be also developed in other organs of the body; appearing first in a state of crudity and afterwards softening. Andral states that the granules, in his opinion, merely arise from hypertrophy of the white or secreting part of the liver, which in the more advanced stages is accompanied with corresponding atrophy of the red or vascular tissue, giving rise to that shriveled state of the liver generally, which was described by Laennec as frequently occurring in this disease. M. Cruveilhier considers that cirrhosis consists in atrophy of a great number of the lobules of the liver, and a corresponding degree of hypertrophy of those which remain, which causes the irregular granulated surface. Dr. Carswell, who gives an admirable description and delineation of this disease in the article atrophy, in his work on Pathological Anatomy, regards it as consisting in atrophy of the lobular structure of the liver, produced by the pressure of a contractile fibrous tissue formed in the capsule of Glisson; an opinion which, as we shall find, very nearly coincides with that adopted by the author of the present paper. M. Bouillaud regards cirrhosis as a disunion of the two natural elements of the liver, the yellow granulations being nothing more than the secreting lobules undergoing disorganisation in consequence of obliteration of the vascular tissue, and consequent obstruction of the hepatic circulation.

M. Becquerel, previously to stating his own opinions on the nature of the morbid alteration of the liver in cirrhosis, briefly reviews the different opinions concerning the intimate anatomical structure of this organ in its natural state; and he adheres to the notion that there are two distinct substances: one yellow, which is the true secreting tissue; and the other red, which consists of the ramifications of veins and arteries. He inclines to the opinion of Cruveilhier, that each lobule possesses a spongy tissue not injectible; and thus widely differs from Mr. Kiernan, who describes the liver as being throughout essentially vascular; the lobule consisting of minute radicles of the biliary ducts, surrounded by a plexus of the terminating branches of the portal veins. The latter eminent pathologist explains the differences in appearance between the red and yellow darts of the liver by the different degrees of injection of the different portions of its tissue.

Admitting, then, the presence in the liver of secreting lobules, into the interior of which no vessels enter, not even the minute ramifications of the biliary ducts, which, together with the branches of the vena porta and hepatic artery, form a network round the lobules without penetrating them; the lobules themselves merely consisting of a mass of albuminous corpuscules, as described by MM. Dujardin and Verger; M. Becquerel next endeavours to ascertain which of the tissues—the secreting or the vascular—is the one altered in cirrhosis, and he arrives at the conclusion that it is the latter only. He says that this tissue becomes infiltrated with a yellowish plastic or fibro-albuminous matter, which possesses the properties which characterise fibrine and albumen; for it is coagulated by heat, and by a continued application of that agent, is converted into a horny substance. He considers that this effused matter is analogous in its composition to the false membranes which are developed in mucous, and more frequently serous, tissues; and he says that it undergoes the same changes.

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[1] Archives Générales de Médecine, Avril et Mai, 1840; and Br. and For. Med. Rev. Oct. 1840, p. 560.

M. Becquerel has determined that in this disease of the liver no pus globules can ever be detected in the altered structure; a very small quantity of fatty matter is likewise present, which is always abundant where pus is met with. He deduces from these facts that cirrhosis does not arise from acute inflammation; the absence of fat will also distinguish this disease from the fatty disease of the liver,[1] in which this organ is likewise of a yellow colour.

This fibro-albuminous matter is supposed to be deposited by interstitial infiltration in the central part of the secreting lobules, and the yellow substance of the liver becomes thus hypertrophied, and causes compression and eventually atrophy of a great part of the red or inter-lobular substance. Many of the vessels and ducts are thus obliterated, and the tissue of the liver becomes difficult of injection. In the most advanced stages of this disease, the effused matter loses great part of the water which entered into its composition, becomes firmer, and contracts in size. It thus undergoes the same changes as false membranes, which are at first soft and thick like white of egg, but which afterwards become organised and firm, and lessen in volume. From the contraction of this matter, the yellow substance of the liver which was at first hypertrophied becomes atrophied, the altered lobules are diminished in volume, and many of them often coalesce, forming the patches which were described by Laennec as occurring in certain forms of this disease, and which give an irregular appearance to the surface or to a section of the liver. When this retraction has taken place, a great portion of the red or interlobular tissue of the liver no longer exists, and we only see an irregular agglomeration of yellow tubercles of different sizes, and the whole organ becomes hardened and shriveled.

The immediate causes of this disease are completely unknown. M. Becquerel conjectures that it may arise from active and long-continued congestion of the liver, consequent upon chronic disease of the lungs or heart (with the affections of which organs cirrhosis is often complicated), or arising from other causes.

Cirrhosis never affects the liver partially, it always attacks all parts of its substance simultaneously. The gall-bladder is almost always quite natural. M. Becquerel has not made any comparative analysis of the state of the bile in this disease, but he found it vary considerably in consistence and colour.

This affection of the liver is mostly complicated with organic disease of other parts, as Bright's disease of the kidney, and various lesions of the heart and lungs; it is rarely met with by itself: M. Becquerel only found seven out of forty-two cases which he could consider as uncomplicated. He classes these complicating diseases under two heads: *First*, Chronic diseases, developed before or at the same time as the cirrhosis. *Second*, Diseases more or less acute, and probably consequences of the cirrhosis. 1. To the first class belong the following:—Lesions of the *Heart*. These are more commonly met with in connection with cirrhosis than any other; for in forty-two subjects examined, the heart was affected with chronic disease in twenty-one cases, or in half; and the disease in all these instances had advanced to such a degree that it must have preceded, if it did not give rise to, the disease of the liver. The disease of the heart in these cases is often complicated with other affections, as emphysema of the lungs and chronic bronchitis, tubercular disease, or Bright's kidney.

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[1] See Brit. and For. Med Rev. vol. vii. p. 554.

It is exceedingly difficult to determine whether the affection of the heart gives rise to that of the liver, and if so, in what manner. M. Becquerel has no doubt that the former precedes the latter in almost all cases, and supposes that it may give rise to it by keeping up a state of continued congestion of the liver. Pulmonary emphysema and chronic bronchitis, which are sometimes found accompanying cirrhosis without disease of the heart, may be supposed to act in its production in the same manner, by obstructing the venous circulation. Cirrhosis is very rarely found in connection with tubercular disease of the lungs. The fatty degeneration of the liver, on the contrary, is a frequent complication of consumption.

The morbid alteration of the *kidney*, known by the name of Bright's disease, frequently accompanies cirrhosis, having been met with fifteen times in forty-two cases. Some differences were observed between these cases of considerable interest; thus in nine cases where cirrhosis and renal disease existed together, and appeared to be of the same standing, old organic lesions of the heart and lungs were also found, which our author considers to have been the exciting causes of the diseases of both the liver and kidneys, repeated congestion of both these organs having been occasioned by obstruction to the circulation. In another series of cases, which includes three out of fifteen, the cirrhosis seemed to be of a much older date than the affection of the kidneys, and probably gave rise to it by obstructing the circulation of the abdominal veins. In the remaining three cases, the disease of the liver and kidneys seemed to be of about the same date, and had been probably developed from a similar cause, the nature of which, however, was unknown.

2. In the second class may be arranged the following:—*Ascites*, which constantly accompanies cirrhosis in the more advanced stages; *Peritonitis*, producing purulent effusion and the formation of false membranes; *Pleuritis* and *hydrothorax; Pericarditis*—this has only been met with in a few cases; *Anasarca*—this generally occurs in complicated cases along with ascites, and when the disease of the liver is in an advanced stage. Besides these, *œdema of the lungs*, *pneumonia*, and *pulmonary apoplexy*, have been met with, as well as congestion of the mucous membrane of the alimentary canal; and *intestinal hemorrhage*, which must be considered as an effect of the disease of the liver, arising from the obstruction of the circulation of the blood through the vena porta.

Cirrhosis is more frequently met with in men than in women: thus of eighteen cases of the simple or uncomplicated form of this disease, twelve occurred in males and six in females. Of the whole number of forty-five cases examined by M. Becquerel, twenty-eight were found in men, and seventeen in women.

With regard to the influence exerted by age, the eighteen simple cases may be thus arranged:

Between 18 and 20 years,	1
,, 20 ,, 30 ,,	2
,, 30 ,, 40 ,,	7
,, 40 ,, 50 ,,	3
,, 50 ,, 60 ,,	5

Thus persons between thirty and forty seem to be most liable to be attacked by cirrhosis. This disease is also met with in children; and M. Becquerel is disposed to think that it occurs more frequently in young subjects than has generally been supposed.

With regard to the symptoms produced by cirrhosis, none exist sufficiently characteristic to enable the physician to diagnosticate its presence during life. The most constant symptom of this disease in its more advanced stages is dropsy, which always commences in simple cases in the abdomen; its approach is generally unaccompanied by pain, but in a few cases the belly is the seat of pain, either with or without pressure, and the presence of peritonitis is thus indicated. Anasarca sometimes precedes the ascites, but Bright's disease of the kidney or disease of the heart are then always indicated. M. Becquerel says that the state of the urine is always peculiar in this disease; it is of a deep orange and often reddish-yellow colour, very dense, strongly acid, and deposits an unnaturally large precipitate of urate of ammonia, which is of a bright red or cinnabar colour. The causes of this state of the urine are unknown.

The course of this affection is uniform and continued, and it always proceeds more or less quickly to a fatal termination, being apparently uninfluenced by any plan of treatment.

BIBLIOGRAPHICAL NOTICES.

Churchill on the Diseases of the Pregnant and Childbed State.[1]

The "Outlines of the Principal Diseases of Females" was published in the second year of the "Library," and was received with considerable favour. The work before us, which is begun in the present number of the "Library," is entitled to equal attention. The reviewer in the Edinburgh Medical and Surgical Journal thus expresses himself: "Dr. Churchill's present volume is very ably executed, and we have no doubt will soon become a favourite work with the student, and a standard work of reference for the accoucheur and general practitioner. It is the only sytematic treatise on the diseases of pregnancy and the puerperal state that has appeared in England since the publication of the work of Dr. White, of Manchester, on the same subjects, in 1772."

Professor Aiken's Introductory Lecture.[2]

This Introductory Lecture is devoted to the history of the rise and progress of electricity,—a subject appropriate to Dr. Aiken's course in the University of Maryland. It is treated in a manner creditable to him, and one which cannot fail to be useful to his hearers.

MISCELLANEOUS NOTICES.

Pennsylvania Hospital for the Insane at Blockley.—The managers of this hospital have recently appointed Dr. T. S. Kirkbride, of this city, medical superintendent of the noble asylum for the insane, which they have erected at Blockley. Dr. Kirkbride, we can say from personal knowledge, possesses qualifications which adapt him eminently for the situation, and we look forward with pleasing anticipations to the published results of his observation in a position which offers so many opportunities for the exercise of his professional acquirements.

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[1] Observations on the Diseases incident to Pregnancy and Childbed. By Fleetwood Churchill, M. D., Licentiate of the King and Queen's College of Physicians, &c. &c. 8vo, Dublin, 1840.

[2] An Introductory Lecture delivered before the Medical Class of the University of Maryland, Sept. 1840. By William E. A. Aiken, M. D., Professor of Chemistry and Pharmacy. 8vo, pp. 32. Baltimore, 1840.

Mr. Malin, the worthy librarian of the Pennsylvania Hospital, was at the same time appointed steward of the asylum.

Effects of the Operation for Strabismus on Vision.[1]—Dr. Hays made an oral communication relative to the operation recently devised for squinting, and to its effects in modifying the adjusting power of the eye for near and distant objects.

Dr. Hays stated, that certain phenomena which he had observed in one of the cases in which he had divided the internal rectus muscle, for the cure of squinting, seemed to favour the theory of the adjustment being made by an alteration in the form of the eye, under the conjoint action of the four recti muscles; a theory rejected by the best physiologists of the day.

The case, the details of which Dr. Hays related, was that of a gentleman thirty-six years of age, who had squinted with his left eye since the age of five years. Both the eyes were presbyopic, the left, however, was most so, and required for distinct vision a glass three Nos. higher than the other eye; the respective Nos. being 11 and 14. Vision with the left eye, even by the aid of a glass, was not perfect, words printed in long primer being scarcely legible. After the division of the internal rectus muscle, vision not only improved, but the eye became less presbyopic, and at the present time, three weeks since the operation, said Dr. Hays, the glass (No. 14) which had been before adapted to the patient's left eye, now magnifies so much, that it is unpleasant to read with it; and he is able to see best with glass No. 11. On careful comparison, he is unable to perceive any difference in the size of objects viewed with either eye through this glass; and an opera glass, adjusted to one eye, seems equally well adapted for the other. These facts, Dr. Hays remarked, show, that a change has taken place in the left eye, and this probably consists in an elongation of its antero-posterior diameter, resulting from the operation.

Dr. Hays also made some observations on the mode in which squinting causes an impairment of the function of vision, and stated, that from a great number of cases which he had examined, it appeared to him to be a general rule, that the greater the degree of strabismus, the more imperfect is the sight of the affected eye. In all the cases in which he had operated, the sight had been improved.

Dr. Dunglison stated, that he was not prepared to admit, from this single observation, that the accommodating power of the eye is owing to the pressure of the four recti muscles on the eye-ball; the division of any one of them not being likely, in his opinion, to rectify the results of compression, if it existed in the case in question. He was disposed to refer a greater agency to the contraction and dilatation of the pupil in facilitating distinct vision at different distance, and he alluded to an experiment made on one of his own eyes whilst a student of medicine. This consisted in applying some freshly prepared extract of belladonna to the eyelids. The consequence was, that the pupil soon became so much dilated, that the iris was almost invisible. The focus of this eye was found to be at twice the distance of that of the sound organ; but in proportion as the effects of the belladonna passed off, and the pupil approached its natural size, vision became more and more distinct, and the focus nearer the natural. In the open air, all objects, except those near, were distinctly seen, but on entering a room, every thing was obscured.

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[1] Proceedings of the American Philosoph. Society, No. 13, for August, September, and October, 1840.

Dr. Dunglison expressed the belief, that squinting is often owing to impairment of vision in one eye, in consequence to a want of correspondence in the sensibility of the two retinæ; the mind, therefore, acquires the habit of attending to the impression made on the sound eye only, and the other, being neglected, is drawn into a position to interfere as little as possible with the better vision of its fellow.

Professor Bache alluded to a case of strabismus, which seemed to him to favour a suggestion thrown out by Dr. Hays, that defective vision in the inverted or everted eye might be owing to stretching of the optic nerve. In this case the eye became everted; and simultaneously, vision with it was impaired. Ultimately, indeed, the sight of both eyes was lost.

Case of Precocious Puberty. By Thomas B. Peacock, Esq.[1]—Jane Jones was an unusually large child at birth, and grew rapidly; and some time before she attained the age of three years, her breasts were observed to be unusually large. When she was about five years old they underwent a still greater development; the pudendum acquired greater fulness, and the catamenia made their appearance, since which time they have continued to recur regularly. The mons and labia, though without hair, were much more tumid than is natural in a child of her age.

She is now seven years of age; her form is that of a full-grown woman, being broad across the chest, breast, and pelvis; and her limbs are full and rounded. Her face, more particularly the lower part, is large, and her look heavy and childish. She measures 4 feet 3¼ inches, and 29 inches round the chest; her weight is 72 pounds avoirdupois. Her teeth are all of the temporary set, with the exception of the first permanent molar, and the two central incisors of the lower jaw. Her breasts exceed the usual size of these organs in unmarried adults, the gland is large and firm, and they possess the erected nipple, and in some degree the dark areola, of the pregnant state. The mons is very prominent, and presents a considerable growth of hair. Her mother states that the catamenia appear at regular intervals of a month, continuing profusely for two days, and partially during two others, and that the secretion cannot be distinguished either in quality or amount from that of other females. At the catamenial periods, the eyelids acquire a dark hue, and she experiences the ordinary attendant lumbar pains; indeed, she exhibits the usual signs of one in whom this function has become naturally established, and her general appearance is fully that of a girl of thirteen years of age. The mental faculties are not more highly developed than in children of the same age; and in her amusements she is as childish as those of her companions. She, however, displays a degree of modesty in her conduct towards males unusual in children of her age.

Absence of the Mammary Gland in a Woman. By Dr. Froriep.[2]—This remarkable case occurred in a well-formed woman, of about 30 years of age, who gave birth to a healthy infant in the month of December, but died herself of an attack of peritonitis eight days afterwards.

On dissection, it was found that the mammary gland of the left side was well developed, and full of milk; that of the right side was entirely wanting. The skin in this region was smooth, soft, and did not adhere to the subjacent parts; no traces of a nipple were apparent, and, in spite of a minute dissection, not a single granulation could be found which indicated the least rudiment of a gland.

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[1] London Medical Gazette, Jan. 3, 1840; and Edinb. Med. and Surg. Journal, April, 1840. p. 520.

[2] Froriep's Notizen, x. 1839; and Edinb. Med. and Surg. Jour. April, 1840, p. 522.

Other anomalies not less remarkable existed on the same side. The third and fourth ribs, in place of ending at the sternum, terminated in a line with the anterior margin of the scapula; these two ribs had their place supplied on the anterior part of the chest by a tendinous structure of sufficient resistance to hinder the lung from being pushed forwards in the form of a hernia. The cartilages of these ribs, however, were found attached to the corresponding part of the sternum, but they were connected together, and also with those of the fifth and sixth ribs. The sternal portion of the greater pectoral muscle, and the whole of the lesser pectoral muscle, were awanting, as well as their tendinous attachments, not the least trace of which could be detected. The *latissimus dorsi* wanted its two digitations, which are usually attached to the third and fourth ribs. It is unnecessary to say that the intercostal muscles proper to these ribs were awanting. Dr. Froriep explains these remarkable appearances by supposing that the developement of the parts had been arrested during the fœtal life by the pressure of the arm upon the corresponding portion of the thorax.

Spontaneous Rupture of the Spleen. By Dr. Næckel.[1]—A young man, of about 25 years of age, had an attack of diarrhœa, which was not relieved by opium or saturnine preparations. After five days' continuance, the abdominal pains became so severe, that he was forced to confine himself to bed. Next day he was seized with a sensation of sinking, cold sweats, &c. and died in a few hours. On inspection of his body forty-eight hours after death, a large quantity of blood was found effused into the cavity of the abdomen and pelvis, which had proceeded from an angular rent of the spleen of about four lines in extent, situate at the inferior margin of its anterior or external surface. The spleen was about five inches long by four broad; of a livid colour, and with its tissue much softened.

On Pain in the Back in Intermittent Fever. By Dr. Grossheim.[2]—This paper contains the results of observations made in fifty cases of intermittent fever, for the purpose of testing the opinions of Dr. Kremer (noticed in our fifteenth number, vol. viii. p. 67), who had stated that a painful sensation is a constant and pathognomic sign of intermittent fever, on pressure over the first dorsal vertebra and the adjacent parts of the spine, and that there is a constant relation between the severity of this symptom and of the general disease. The following are the results which Dr. Grossheim has obtained, and which seem to confirm Dr. Kremer's statements, although they had been contradicted, as we formerly stated, by the experience of other observers: 1. Pain on pressure on some part of the spinal column is a constant symptom of intermittent fever, except in those cases in which the ligaments of the vertebræ have become by age or disease so rigid that they will not yield to pressure. 2. There is no definite locality to this pain; it may be situated in any part of the column, but is most frequent in the middle of the dorsal portion, especially in quotidian intermittents. 3. The extent of the pain also varies considerably; one or two vertebræ only may be tender; and the pain rarely occupies the space of more than five or six; it may also be situated at distant parts, with intervals in which none is excited by pressure. 4. The intensity of the pain is equally variable. Sometimes it was so severe that the slightest touch of one of the spinous processes produced severe suffering; but sometimes violent pressure was required to detect it. Among those vertebræ that excited pain when pressed, the middle one was commonly the most sensitive; and in those above and below it the tenderness gradually decreased. 5. The pain was more severe during the paroxysms than in the intermissions. When the severity of the fever diminished, or the tendency to its returns grew less, the severity and the extent of the pain in the back also decreased; but the complete removal of the fever was not always accompanied by the entire loss of the pain, which often continued in a modified degree after the fever had ceased to return, and remained the longer the more severe it had previously been. 6. Complications of the intermittent fever did not appear to have any influence on the pain; it continued when the character of the fever was altered either for the better or for the worse, and it returned in cases of relapse.

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[1] Medicinische Zeitung, May, 1839; and Edinb. Med. and Surg. Jour. April, 1840, p. 522.

[2] Medicinische Zeitung, June 3, 1840; and Br. and For. Med. Rev. Oct. 1840, p. 557.

From observing the constant existence of this symptom, the author was induced to try what would be the effect of remedies that would tend to correct the local excitement that seemed to exist. He relates very briefly five cases, in which eight or ten leeches were applied over the spine in the situation where pressure gave the most pain. In four of these no other remedy was required; the pain ceased in a few days, and there was no recurrence of the febrile paroxysm.

Congenital Dislocation of the Humerus reduced after Sixteen Years. By M. Gaillard, Surgeon to the Hotel Dieu, of Poitiers.[1]—The following is an abstract of a report to the Royal Academy of Medicine, drawn up by MM. Cannet and Bouvier. They consider the case as very curious, and without a parallel in the history of surgery.

Mademoiselle L. B. a few days after birth presented a deformity of the left superior extremity, with much pain during its movements. The elbow was thrown from the body, the forearm semiflexed, and the hand in a state of promation. During her infancy she could not bring the elbow near the trunk, nor raise her hand higher than the chin. The limb was often painful during her early years; but latterly the pain had only come on when the limb had been long fixed in one position. When M. Gaillard saw her in 1836, she was sixteen years of age. He found in the posterior part of the shoulder a projection formed by the head of the humerus, which was placed in the subspinous fossa of the scapula, above the middle part of the spine, which was curved by the pressure it had undergone. On moving the arm, the head of the bone was felt rolling under the fingers, and it appeared abraded from rubbing on an irregular surface. The hand could not be brought to a state of supination. The forearm could not be extended on account of the permanent contraction of the biceps. Elevation and rotation of the arm were impossible.

On the 5th of January, 1837, the patient was placed on a stool, a cushion was applied to the external border of the scapula, and maintained by two cords passing from its extremities and attached to two fixed rings. The arm directed horizontally inwards was then submitted to the action of a weight of sixteen pounds. The weight was suspended at the end of a cord which passed through a fixed pulley, and was attached to a bracelet fixed above the elbow. Time after time M. Gaillard increased the power of the traction, occasionally adding his efforts to the force exercised by the weights. The extension, prolonged from twenty to twenty-five minutes, was repeated on the 10th and 11th of January, each time bringing the head of the humerus nearer the glenoid cavity, and with no other inconvenience than a slight pain and swelling of the arm. On the 13th the head of the humerus was more moveable. Further traction was employed, the arm being always placed horizontally. The humerus yielded, glided over the scapula for the space of an inch and a half, and approached the glenoid cavity. M. Gaillard then seized the elbow, and by carrying it backwards and upwards, he directed the head of the humerus downwards and forwards, then lowering the limb, he felt the head pass under the acromial arch, and leap over a projection which appeared to belong to the articular cavity. The arm was now in contact with the trunk, it was sensibly lengthened, and all its movements could be executed with ease.

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[1] Bulletin de l'Académie Royale de Médecine, Juin 30, 1840; and Br. and For. Med. Rev. Oct. 1840, p. 566.

The dislocation, however, recurred again and again, and was as often reduced. The difficulty was to maintain the bone after reduction. This, however, was effected by careful bandaging. The patient suffered considerable pain at times, but was relieved by the application of leeches. From the first reduction to the entire cessation of pain, a period of more than two years elapsed; but the cure was then complete, the patient using the limb equally as well as the other.

New Operation for Prolapsus Ani. By M. Robert.[1]—Relaxation of the sphincter ani being the cause of this disease, all the remedies hitherto employed for its cure are inefficacious when it arrives at the last stage, as they can only act on the mucous membrane of the rectum. These reflections have induced M. Robert to shorten the sphincter in proportion to the amount of relaxation, so that the two cut surfaces of the muscle might unite and form a narrow ring to oppose to the descent of the mucous membrane. This operation was performed with success on a washerwoman, thirty-three years of age, in June, 1839, in the hospital of La Pitié. This woman in her third pregnancy had a prolapsus ani, which was only temporary, though it caused some pain. Her fourth pregnancy produced a prolapsus uteri, a permanent and considerable prolapsus ani, with relaxation of the abdominal walls. M. Robert excised a portion of the mucous membrane with some temporary relief; but the disease afterwards increased, the discharge of fæces became involuntary, and she suffered from pains in the loins and upper part of the thighs. When she entered the hospital, the sphincter was so much relaxed that four fingers could be easily introduced.

The patient having been prepared for the operation by progressive diminution in diet, and the use of opium in order to effect long-continued constipation, M. Robert proceeded to operate in the following manner: An incision was made on each side of the anus, each incision being commenced a few lines external to the orifice, and carried backwards towards the coccyx. The fold of integument between the incisions, together with the portion of sphincter it covered, were removed, and the muscle was thus shortened by half its length. The wound was united from one side to the other by three points of suture. On the sixth day after the operation the sutures were removed. Union was nearly complete, but a fistulous passage remained from the anus to the coccyx. On the fifteenth day the woman had not passed any fæces. On the next day, the want of defecation being felt, in order to prevent any straining, the bowels were relieved by the curette. On the forty-first day the patient, who before the operation could not retain her fæces, kept an injection during the whole day; there was no more prolapsus; the opening had become of the ordinary size; but the finger when introduced did not experience the energetic contraction of the sphincter which occurs in the normal state. With the exception of a slight protrusion of mucous membrane, the cure was complete in August.

On certain Abscesses occurring in different parts of the Body during the course of Diseases of the Urinary Organs. By M. Civiale.[2]—M. Civiale has observed that, sometimes during the progress of gonorrhœa, and other diseases of the urethra, also in affections of the prostate gland, and when there is strangury or dysuria, or foreign bodies in the bladder, certain parts of the body, particularly the extremities and the larger joints, are attacked with pain, which may be dull and diffused, or acute and circumscribed, which is at first generally supposed to be rheumatic, but which terminates in the formation of large abscesses, differing in some respect from common phlegmons. M. Civiale states that these cases have escaped the observation of authors, but says that since his attention has been directed to them, he has met with numerous examples. When these accidental pains first make their appearance, the patient complains of a peculiar "*empâtement*" (?) and numbness of the part, which come on before any swelling is apparent. These local symptoms are accompanied with lassitude, weakness, anxiety, and general constitutional disturbance, which does not correspond at all with the degree of pain, which in the early stages is generally slight and diffused. As the case advances the pain becomes more acute, there is complete loss of appetite and sleep, great prostration of strengh; the pulse being sometimes scarcely to be felt; rapid emaciation, dry tongue, troublesome cough, and lastly delirium. The disease often commences with a febrile paroxysm, which may return at regular intervals or be continued. Together with these symptoms the urine is often of a deep orange colour, and is excessively fetid, and when this state of the renal secretion is met with, the case is always very serious. Local redness and swelling of the painful part, with evidence of the formation of matter, frequently do not make their appearance till a late stage of the disease.

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[1] Gazette Médicale, Juin 20, 1840; and Br. and For. Med. Rev. Oct. 1840, p. 568.

[2] Bulletin Gén. de Thérapeutique, Avril, 1840; and Br. and For. Med. Rev., Oct. 1840, p. 574.

One peculiarity in this affection is a tendency in the local disease to shift its position, and it often appears in different places at the same time. The suppuration in distant organs is often accompanied also with the formation of an abscess in the scrotum, perineum, or neighbourhood of the urethra or bladder, which, however, form no communication with the urinary passages.

With regard to the causes of this disease, M. Civiale has not remarked any predisposing circumstances. All the cases occurred in adults. In four there was stricture of the urethra, during the treatment of which affection (in one case by cauterisation, and in the three others by dilatation,) the abscesses were developed. In a fifth case there was serious disease about the neck of the bladder, and in several others there was urinary calculus, which had been broken down by the operation of lithotrity. In all the cases there seemed to have been some considerable irritation or inflammation of the urethra, or neck of the bladder, which appeared to give rise to the distant affection.

The peculiar state of the system, accompanied by the formation of these abscesses, is attended with considerable danger, and M. Civiale lost the first two patients which he treated.

The treatment found most efficacious was scarification of the whole of the affected surface in the early stage (from which a reddish or yellow coloured serum is generally discharged for several days in considerable abundance,) and then the use of emollient poultices. This plan will sometimes cut short the disease, but if the inflammation has reached the deep-seated cellular tissue of the limb between the muscles, this texture becomes indurated, and a vast abscess soon forms; several large deep incisions must now be made completely through the affected parts, which will allow of the escape of the matter, and also unload the distended vessels. The surgeon must not always wait for the sense of fluctuation to be apparent before he makes his incisions, for great relief will be afforded by cutting through the inflamed and indurated tissues before pus has actually been secreted, and the progress of the disease may be thus arrested. M. Civiale does not make any remarks concerning the general or constitutional treatment of the patient, but we presume that this must be conducted on common principles.

Successful Case of Cæsarian Section, with Suture of the Uterus. By Dr. Godfroy, of Mayence.[1]—On the 27th of March, 1840, Dr. Godfroy was called by M. Renant to a poor woman who had been two days in labour.

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[1] Gazette Médicale, 11 Juillet, 1840; and Br. and For. Med. Rev Oct. 1840, p. 578.

The term of gestation was stated to have passed over by fifteen days. The patient was of small stature, of a slight and rickety constitution, with that malformation of the hips which gives the peculiar characteristic walk to women so affected. She was married to a man of similar constitution, and her age was forty-two. Dr. Godfroy having passed the entire hand into the vagina, discovered a portion of the cranium in the form of a wedge, the bones of which crossed each other at the sutures. The summit of the head was wedged between the sacro-vertebral angle (which was very prominent) and the pubis, this space not exceeding two inches. Delivery even with the assistance of the forceps being therefore impossible, and the woman beginning to give way under the excessive pains, it was necessary that something should be promptly undertaken. Three modes presented themselves: first, to perforate the cranium and remove the trunk piecemeal; secondly, to perform symphysootomy; and, lastly, the cæsarian section. From the peculiar circumstances of the case, the first of these methods seemed fraught with great danger, and the life of the infant being ascertained was another objection. It appeared, further, impossible to afford a sufficient opening to give play to the forceps by dividing the symphysis, and the cæsarian section was therefore attempted. The patient was placed upon a table furnished as a bed, with her head depressed, and her legs raised and everted. Every means being adopted, by emptying the bladder, &c., to render the skin lax and fix the uterus, the operator made a vertical incision from the umbilicus almost to the pubes. The integuments having been divided tissue by tissue, the peritoneum was opened cautiously, and lifted up while the incision was prolonged upwards and downwards. The folds being turned back, the uterus was carefully opened about the median line. The placenta was fixed to the anterior part of the uterus, and was readily recognised, seized, and withdrawn by the hand. The infant was very carefully removed by the feet, and the umbilical cord divided; the child uttered a cry and was saved. Its weight was about six pounds and a half. No vessel required tying. The uterus was held near the abdominal orifice and cleaned, and then being left to itself, contractions immediately came on, and all hemorrhage ceased. The wound in the uterus, however, did not readily unite, but left a considerable space between the edges. Some points of suture were therefore applied by means of common needles, armed with double waxed threads, and passed through the whole thickness of the wound. The reunion was perfect, and then the uterus was entirely abandoned. The abdominal orifice was closed in a similar manner through the whole thickness of the integuments, even including the peritoneum. The edges were perfectly united, except at the lower part, where a small orifice was left for any suppuration which might ensue. Charpie and a strong bandage being applied, the patient was placed in bed with her head and knees elevated.

Some slight fever arose, and the patient was twice bled. During the two succeeding days the usual sanguinolent evacuations issued from the vulva. The dressings were removed on the 1st of April, and were found scarcely soiled by suppuration. Fresh charpie, steeped in cream, was applied and left till the 6th, when the union appearing firm, the threads of the sutures were all divided, and the wound simply dressed till the 24th, when there existed no trace of suppuration. There was no fever, and the patient left her bed on that day, taking care to sustain the cicatrix with a bandage. The cure was perfect.

M. Desormeaux and others have strongly objected to the sutures of the uterus. Dr. Godfroy thinks their danger has been exaggerated. At all events, the rapidity of the cure in this case, without the occurrence of any accident, is very remarkable.

Case of Puerperal Fever, with Unusual Sloughing. By Dr. Löwenhardt, of Prenzlau.[1]—The patient was a woman thirty-four years old, previously healthy and strong, who was delivered with the forceps on the 12th of November. Her five previous labours had been natural, and nothing dangerous had occurred in them, except that after the last she had had severe peritonitis.

On the 15th of November all the symptoms of peritonitis, which appeared to be especially severe in the hypogastric region, came on after exposure to cold. On the 16th and 17th she was largely bled three times, and numerous leeches were applied; purgatives and calomel and opium were also administered, but no relief was afforded. Large mercurial inunctions were then added, but the mouth was not at all affected, and the symptoms grew daily worse. On the 21st, no benefit having yet resulted from the treatment, she took thirty drops of the oil of turpentine. It produced considerable pain and heat in passing urine, but on the next day there appeared to be a slight improvement in both the general and local symptoms.

On the morning of the 23d, however, though the general condition of the patient seemed to be improved, the author found a gangrenous spot as large as the palm of the hand three inches below the umbilicus, and on cutting into it to a depth of two inches, he discovered that not the slightest pain was produced. A part of the slough was removed, and pyrolignous acid, with a decoction of bark and aromatics, was ordered to be applied. Bark was also given internally with muriatic acid.

The sloughing, however, continued, and on the 27th it was found necessary to remove a portion of the abdominal walls as large as the whole hand. On the day after, an opening formed into the intestine on the left side, where the sloughing extended most deeply, and a large quantity of fecal matter was discharged through it.

The patient, who had previously appeared stronger than might have been expected, now became much depressed, and as the constant fecal discharge through the wound maintained a permanent irritation, it was determined to try to close the opening into the intestine. The operation undertaken for this purpose was however unsuccessful; the intestine was found to be perforated in at least three places, and no mode of remedying its condition could be imagined. The patient became gradually more and more weak; on the 7th of December a considerable hemorrhage from the uterus occurred, and she died a few hours after.

On examination there was found at the aperture where the sloughing had passed through the abdominal walls, an excessively thickened, inflamed, and partly gangrenous layer of peritoneum, and beneath this the immensely swollen omentum, to which about six inches of small intestine were adherent. In this portion of intestine, which was highly inflamed, there were three apertures, of which the largest was about two inches and a half long, and was directed towards the left ilium; a second opened to the right and upwards; and a third, of an inch in diameter, was situated at the lower part of the intestine. Their edges were uneven and swollen, but appeared cicatrising.

On the Etiology and Treatment of Congenital Luxations and Pseudo-Luxations of the Femur. By Dr. J. Guerin.[2]—I have established it as a fact, in my History of Deformities of the Osseous System, that the greater number of congenital articular contractions are the product of primitive muscular retraction. . . . . I conclude: 1. That congenital luxations of the hip-joint are, like club-foot, torticolis, and spinal deviations, the product of primitive muscular retraction, and that the kind of luxation depends upon the direction in which the retraction happens. 2. There exists an order of deformities of the hip-joint not hitherto indicated, and to which I apply the term *pseudo-luxations*, because they look like luxations, although the head of the bone remains in the cotyloid cavity. These vary as do the complete luxations, and from the same causes. 3. The essential treatment consists in a division of the retracted muscles. I have thrice performed this operation with success. The congenital luxations and pseudo-luxations of joints depend in the majority of cases on primitive muscular contraction, which takes place in three different modes: by shortening, by paralysis, and by stoppage of development of the retracted muscles; and the different varieties of these deformities are, like those of the neck, the spine, and the foot, the effect of this retraction differently distributed in the muscles of these parts. In a girl aged fourteen years, I divided the biceps, semi-tendinous, semi-membranous, and rectus internus, for two incomplete luxations of the knee, produced by primitive retraction of these muscles; on each side there was subluxation of the tibia backwards upon the condyles of the femur, rotation of the limb outwards through the space of about one fourth of a circle, and an inclination outwards of the leg upon the thigh of about sixty degrees. The rotation outwards, the lateral inclination and the gliding backwards of the tibiæ, were reduced on the day following the operation to the simple normal flexion of the leg upon the thigh, and since that period there remained nothing more than a certain degree of permanent flexion of the joint. In order to convince those who feel any doubt respecting the safety with which these operations may be performed, I may add that, on the same day, I successively divided in the young female above mentioned thirteen muscles or tendons beneath the skin, for the relief of certain deformities from which she suffered; on the following day she felt no kind of pain nor indisposition, nor was there any symptoms of inflammation in any one of the divided parts.

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[1] Casper's Wochenschrift, Mai 16, 1840; and Br. and For. Med. Rev. Oct. 1840, p. 579.

[2] Gazette Médicale de Paris, No. iv., 1840; and Br. and For. Med. Rev., Oct. 1840, p. 576.

On the Funic bellows-sound. By Dr. Dietrich.[1]—In addition to the placental murmur, and those accompanying the pulsations of the fœtal heart, there is a third sound occasionally to be heard in pregnant women, and one which is well ascertained to have its seat in the umbilical cord. It is a single murmur of the bellows species, and synchronous with the first sound of the fœtal heart. Dr. Dietrich is of opinion, herein agreeing with others who have examined this subject, that the sound depends on diminution of the calibre of the umbilical arteries, either through pressure or stretching of the funis, or both combined. He gives cases illustrating its production under these different conditions. In the first, wherein the bellows-murmur is presumed to have been the effect of pressure, the umbilical cord was of the unusual length of twenty-four inches and a half, twisted once round the neck and tightly knotted in its middle third; the knotted part having acquired from its tightness a white, shining, tendinous appearance. In two cases exemplifying the occurrence of the sound in consequence of a tense state of the cord, this was only ten and fourteen inches long, and this unusual shortness led to greater tension in the former instance from the presentation being a breech one; in neither case was the cord twisted round the neck. In the example of production of the sound from pressure and stretching combined, the navel-string was twenty-three inches long, of normal structure, and wound twice round the neck; the accoucheur was obliged to cut it during delivery, finding it impossible to slip it over the head. Here the peculiar sound was invariably heard on every examination; an unusual circumstance, attributed to the tightness with which the cord was twisted, whereby change of position or other occurrences, sometimes causing a temporary cessation of the sound, were rendered of none effect.

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[1] Medicinische Zeitung, No. xxxvii. 1839; and Br. and For. Med. Rev. July, 1840.

THE

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For the American Medical Intelligencer.

Art. I.—HISTORY OF VACCINATION IN CHINA.

BY W. BECK DIVER, M. D.

Macao, May, 1840.

To the Editor of the American Medical Library and Intelligencer.

Dear Sir,

As the discovery of the vaccine virus forms an interesting and important part of the history of medical science, the following sketch of its introduction and progress in China may not be devoid of interest to the readers, or wholly unworthy of a place in the pages of your valuable journal.

In the spring of 1805, and whilst James Drummond, Esq., was at the head of the affairs of the honourable the East India Company in this country, the vaccine was brought by Mr. Hewit, a Portuguese subject and a merchant of Macao, in his vessel, upon live subjects from Manilla;—his Catholic majesty having had it conveyed by suitable means, and under the care of professional men, across the the South American continent, to his settlement in the Phillipine Islands. One of them, Sr. D. F. X. Balmis, stated himself to have introduced the practice of vaccine inoculation into this country; but before his arrival in China, it had been quite extensively conducted by the Portuguese practitioners at Macao, as well as by Alexander Pearson, Esq., chief surgeon to the British Factory, and a tract upon the subject (an abstract of which I subjoin) drawn up by this gentleman had been translated by Sir George Staunton into Chinese, and published several months before his arrival. As the inoculation among subjects connected with the foreign society, or with the settlement of Macao, was deemed nugatory towards an establishment of the practice in China, it was from the beginning conducted, first at some expense, by inoculations at stated periods among the natives,—and of them, necessarily, the poorest classes, who dwelt crowded together in boats or otherwise, so that (the small-pox being, invariably, an annual epidemic in this province,) its efficacy soon came to the test. By the time the British factory removed from Macao to Canton in that season, a degree of confidence had been established in its favour; and in the course of the winter and spring months of 1805–6, and during the raging of the small-pox (of which the annual period of attack is in February, and of its decline early in June,) the number brought for inoculation was great.

At that time it was considered judicious to endeavour to give the practice extension by vaccinating as many as possible, not fully aware of the characteristic apathy of the Chinese to what does not immediately appeal to their observation through the exigency of their sufferings or interests, and erroneously thinking that such a benefit, to be appreciated, required but to be known. Very many (it may be safely said thousands) were inoculated in the course of twelve months; and even under the circumstances stated, and in that early stage of the pursuit, no imputation was laid against the success of the practice which admitted of being traced,—an instance of good fortune the less to have been expected, because, in order to fulfil the views which had been taken of the most proper means for its dissemination, several Chinese were instructed in its details, and they practised it extensively, as well at a distance from as under Mr. Pearson's inspection.

When the small-pox ceased to be an epidemic, the evil and the remedy against it were equally forgotten; and great difficulty was found in procuring a sufficient number of subjects by means of which merely to preserve the vaccine. In fact, since its first introduction into China, it has been several times extinct; in two instances it was again brought from the islands of Leuconia. At two other times, when lost at Macao and Canton, it has been found to have been kept up in the country districts at considerable distance from either, but still within the province of Canton.

The practice spread greatly from among the lower classes of society, so as to have become general among the middling ranks, and to be frequently resorted to by those of the higher conditions.[1]

Reports of failure were occasionally spread; and although the difficulty of tracing such when stated was a great incidental drawback, and though the occurrence of variola, measles, pemphigus, and cutaneous eruptions, in persons previously vaccinated was attributed to the variolous infection; yet, upon the whole, the confidence in its efficacy, though gradually conceded, became full, grounded upon ample and annual evidence before adverted to, with fewer obstacles from prejudice than could be anticipated, especially in a Chinese community. The circumstances which in England had shaken the public confidence as to the practice were communicated to the Chinese inoculators, and it was endeavoured to see or learn the details of every case of rumoured failure. The result proved satisfactory, although at the time the investigation was made the small-pox had prevailed in a usual degree of severity, and was attended with mortality. Two descriptions of cases were traced: one in which the supposed vaccination had been with spurious matter, or otherwise imperfectly or unskilfully conducted; the other, when a modified small-pox had actually ensued after inoculations which had been made and had proceeded regularly. Of the first description, though numerous, none presented themselves who had been vaccinated under inspection, or at the Canton institution. Of the second the number was few, but too many to allow of any doubt as to the occurrence. In such cases, with from 50 to 200 eruptions, the fever was slight,—it went off when the eruption appeared, and that desiccated about the fifth day, leaving no marks; answering closely to the real phenomena of the chicken-pox, with which the Chinese are familiar, as occurring after small-pox, or variolous inoculation practised in their mode.[2]

From their medical practitioners, especially those who devoted themselves peculiarly to the treatment of small-pox, it at first met with strenuous opposition; and it may still be said to meet with little acceptation.

There remained only one prejudice to contend with, entertained against submitting the children to vaccination during the great heats of the summer and autumnal months, arising no doubt from an observation, generally just, that the majority of diseases attacking or brought on at these seasons are more than usually dangerous or severe.

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[1] During the spring of 1833, and partly, perhaps, in consequence of the unusual prevalence of the small-pox, the practice was very extensive in Canton, and a little grandson of the governor Loo was among the subjects vaccinated.

[2] The Chinese mode is to place a little of the virus, taken from a former patient, dried and reduced to powder, on cotton wool, and to insert this in the nostril. This practice is not unfrequently followed by blindness.

With a view to the removal of this impediment, some of the principal members of the Chinese corporation, in whom is vested the exclusive privilege of conducting the foreign trade, have established a fund for affording gratuitous inoculation to the poor at all times, especially framed, and judiciously so, to allot small premiums to those who bring forward their children at that objectionable period. The practice is conducted at their hall for meetings, commonly called the "Consoo House," by the Chinese vaccinator, and great numbers are there made the subjects of the virus, with a success equal, perhaps, to that of any other place in the East.

Though the practice met in this province with encouragement, it encountered singular obstacles in another quarter. After having extended to the province of Keang-sy, adjoining Canton to the northeast, it was suddenly dropped there, being opposed by the jealousy and cupidity of the Budhist priests, who, in that part of China, had a double interest in the *preservation* of the small-pox. In the first place, they were much employed in the business of inoculation after the Chinese method; and secondly, they were well paid for certain ministrations with their deities[1] to avert or mitigate the scourge. Thus it was that these worthies, who benefited by the harvest, always wished to leave a little for seed. The breaking out of the scarlet fever unfortunately afforded them plausible ground of crimination against a practice, which was said to retain the poison in the system, to appear at a future time in still worse shapes.

In the autumn of 1820, Mons. Despiana, French surgeon in the service of the king of Cochin China, arrived, bringing a letter from Mons. Vannier, then acting as minister to that sovereign, requesting furtherance to his mission, which was to convey vaccine to Cochin China, for which place he departed in February, 1821, and succeeded in his object.

It is known to have been conveyed again to Keang-sy, as well as to Keang-nan and Tuhkêén provinces; it has also reached Peking, but unfortunately was again lost there.

On my arrival here last autumn, I found the virus extinct, and was informed that the small-pox the year previous had been unusually severe and destructive. Having occasion to visit Canton in December, on my return to Macao the same month, I brought with me a child who had been vaccinated at the Consoo House a few days previous to my departure by the Chinese vaccinator, Heen-qua, purser to Mow-qua, one of the senior Hong merchants.

The practice was thus revived again, and the virus freely circulated among the Chinese and Portuguese population. In order to ensure a considerable quantity of the lymph, and the return of the children to the hospital, several punctures were inserted into each arm, and the parents or guardians required to deposit a sum of money, which would be refunded on their return at the appointed time, the eighth or ninth day.

The virus having become extinct at Singapore, I enclosed some fresh lymph in wax, between plates of glass, and sent it down; and have had the pleasure of being informed, under date of April 3d, that its introduction was successful. There has always been great difficulty experienced by the physicians at Singapore in keeping up the vaccine, from what cause is not known. Whether the difficulty is equally as great with the native as with foreign population, I have not ascertained; perhaps a solution of this question may throw some light upon the subject.

The following is an abstract of the contents of a Chinese work on the Vaccine Inoculation, originally written in English, by Alexander Pearson, Esq., translated into Chinese by Sir George Thomas Staunton, Bart., and printed at Canton in 1805, at the expense of the East India Company, under the direction of James Drummond, Esq., then president of the select committee, and with the sanction of Grew-qua, a Chinese merchant of the privileged class.

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[1] They have one particular goddess called "Tèèn hwa shing moo," which has been construed "Our Lady of the Small-pox."

Origin of the small-pox,—when and where first known,—its dreadful ravages on the human frame and race. First introduction of common inoculation, a remedy, but an imperfect one,—description of it. At length the vaccine disease is discovered in England,—certain persons employed in milking cows are found not to contract the disease of the small-pox. This fact comes to the knowledge of Dr. Jenner,—he investigates the cause,—discovers blue pustules on the udder of the cow, and conceives the idea of applying the matter arising therefrom to the human body as a preventive to the contagion of the small-pox. On experience it is found that on the fourth day a pustule appears—on the eighth or ninth it fills with matter—and on the fourteenth disappears. The practice is approved, and extends all over Europe, Asia, and America,—millions are thus inoculated, and protected against the ravages of the natural small-pox. The king of Spain, highly approving of it, sends children who had been inoculated with this vaccine virus in his ships to various parts of his dominions, especially the Philippine Islands, from whence this vaccine matter has now, in the 4th moon of the 10th year of the reigning emperor, Kia-king, been at length obtained in China. The English and Portuguese physicians residing on the spot have introduced the practice,—some hundreds have already been inoculated, without one instance of failure. Recapitulation,—essential difference between the vaccine and the small-pox,—mode of inoculation minutely described,—progressive symptoms,—genuine pustule how distinguishable, —mode of conveying the virus upon needles to a distance,—false or spurious appearances described,—regimen proper to be observed by the patient.

Most respectfully yours,

W. Beck Diver.

Professor Dunglison.

Art. II.—ON THE CONTRACTILITY OF THE BLOOD-VESSELS.

BY DR. HENLE, OF BERLIN.[1]

The object of the author in the present paper is to offer anatomical evidence in favour of the views respecting the nature of inflammation which he expressed in his "Pathological Investigations," and of which we gave a full analysis in our number for April last. He now, in support of those opinions, advances that the structure of the middle coat of the artery is intermediate between cellular and muscular tissue; and that the vessels must therefore be liable to those changes of calibre under the direct or sympathetic influence of the nerves to which he believes that inflammation is due. With reference to his conclusions, we can only repeat the opinion given in the review already mentioned, that mere dilatation of blood-vessels is not inflammation, and that, even if it were proved that depression of the supposed motor nerves of the blood-vessels could result as an antagonist phenomenon of the excitement of the sensitive nerves, this would constitute but one, and not the most important part of inflammation. However, the present anatomical observations of the author are not much the less interesting because he makes them the groundwork of incorrect pathology; if true, they afford additional proof, and indeed the only evidence that was wanting, to establish that the blood-vessels are subject to changes of their calibre under other than mere physical influences. And it is but fair that this evidence should be supplied from the school of Müller, who has done so much to throw discredit on the opinions of those who regarded the fact as already reasonably demonstrated.

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[1] Casper's Wochenschrift, Mai 23, 1840; and Br. and For. Med. Rev. Oct. 1840, p. 551.

The microscopic elements of the middle coat of the artery are broad and very flat slightly granulated fibres or bands, which lie in rings around the internal membrane. In the innermost layers they readily break up into tolerably similar long rhombic lamellæ, which are much like flattened cuticle cells, but are longer in proportion to their breadth. Of these lamellæ some are quite homogeneous, others present at one part a dark oval spot of the form of the common nuclei of cells, which lies with its greatest diameter in the long axis of the lamellæ; and, lastly, on others this spot is drawn out into a longer and fine dark streak, which often extends over the whole lamella, but often over only a part of it, and often is replaced by a row of small dark points.

In the more external layers, the lamellæ unite into long and very seldom, if ever, branched fibres; the dark streaks also become connected together, not only joining with one another by their ends, but at the same time sending off lateral branches by which they anastomose. Thus the middle coat of the artery consists of numerous layers of granulated transverse bands (of 0·003 lines diameter), and of a system or network of dark streaks among them. These have some resemblance to elastic fibres, and have given rise to the opinion that this coat consists of elastic tissue. But a true elastic coat exists only on the larger arteries external to the middle one. The granulated bands of the middle coat dissolve in acetic acid, the dark branched streaks do not, and they may therefore by its means be easily demonstrated.

In the larger veins there is an exactly similar layer of transverse fibres next to the inner coat; but it is always very thin, and may be entirely absent. (In the inner coat of the veins, however, a longitudinal layer of such fibres, which is much thinner or absent in the arteries, is in general considerably developed.) If one follows these fibres outwards, it is seen how, though at first they were straight and stiff, they gradually assume the peculiar waviness of fasciculi of cellular tissue, and how at last there appears in them an obscure and then a more and more evident breaking up into separate parallel and tortuous filaments; for each granulated flat fibre there is a fasciculus of cellular tissue. The dark streaks on these fasciculi at first form a network like that which they present on the granulated fibres of the middle arterial coat; gradually they become finer and more translucent, the lateral branches fade, and nothing is seen but dark and very large wavy fibres, such as universally occur between the fasciculi of cellular tissue. These fasciculi become pale and dissolve in acetic acid; the fibres remain.

If the muscular coat of the stomach or of the intestine be examined successively from the serous to the mucous membrane, there are found externally lamellæ similar to those in the innermost layers of the middle arterial coat, with the same nuclei and the same development of the nuclei into streaks. Towards the mucous membrane the laminæ coalesce into broad fibres, the well-known organic muscular fibres which in their microscopic and chemical characters agree with the fibres of the middle coat of the artery, but which frequently exhibit obscure divisions into finer parallel fibres. The dark streaks are much finer, fewer, less branched, and more similar to the fine interstitial fibres of the cellular fasciculi just mentioned. The so-called muscular *fibres* of the stomach and intestines, then, correspond to the *fasciculi* of the cellular tissue and of the striated muscles.

I have not yet, says Dr. Henle, traced the transition from the organic muscular fibres to the striated muscular fasciculi, and I shall merely mention that in the latter also the system of dark interstitial fibres insoluble in acetic acid occurs sometimes in the form of nuclei, sometimes of longer streaks, and sometimes of extremely fine wavy fibres. It is well known that the organic and striated muscular fasciculi dissolve in acetic acid. The chemical difference between the middle coat of the artery and the muscles is explained by the predominant quantity of interstitial fibres in the former. The anatomical identity of the above-mentioned tissues in all essential points is thus, I believe, demonstrated: with the less essential anatomical differences there correspond differences of functions. The striated muscles are generally subject to the will, and react on mechanical and electric stimuli, but not on the application of cold; the heart is an exception, having striated fasciculi, but not being voluntarily moveable; the organic muscles react as the striated do, but are removed from the influence of the will; the middle coat of the artery is anatomically similar to the organic muscular membrane, it is, like them, involuntary, it reacts, like them, on mechanical stimuli, and also on the application of cold, but not of electricity; the contractile cellular tissues, for example, the tunica dartos, similarly involuntary, has the same relations to cold as the middle coat of the artery, but is not excited to contraction by mechanical impressions. In the animal muscles contraction following upon irritation is sudden and single; in the heart sudden and peristaltic; in the intestine slow and peristaltic; in the arteries and the cellular tissue slow and continuous.

The contractility of the larger arteries is proved by experiment, and we may venture to ascribe it to the smaller ones as far as they agree in structure with the larger, that is, so far as the layer of circular fibres is continued. Now this may be recognised on vessels of from 0·015 to 0·002 of a line in diameter, by rendering them transparent with acetic acid and examining them under the microscope. The interstitial dark streaks are then seen running straight or somewhat obliquely round the vessel, at distances from each other which are equal to the breadth of a granulated fibre, in single layers on the small, and in numerous layers on the large vessels. Separate fibres may also be exhibited on arteries of this size by tearing them. In smaller arteries, however, this is not possible; but even on those of 0·007 of a line in diameter (including their walls), there may be seen over the epithelium a layer of transverse, oval, and in part very elongated nuclei, which may be recognised as the origins of the dark interstitial fibres of the middle coat, by the circumstance that there is a gradual transition to the form of the latter, and that they already lie at the same distance from one another. Between them, therefore, the same substance must exist as between the interstitial fibres of the middle coat of the larger arteries, though it is not yet arranged in separate circular fibres. In vessels of this degree of minuteness, the distinctions between arteries and veins are no longer to be discerned. Capillaries of less than 0·007 diameter (the smallest are from 0·002 to 0·003) have indeed separate transverse oval nuclei, but they have no special middle coat. The smallest consist only of a thin quite structureless membrane, in which oval nuclei lie here and there in a longitudinal position; those that are something larger have an epithelium of nuclei within this structureless primary membrane. . . . .

For the opinion that the contraction of the membrane of the vessels, like that of the muscles, is under the influence of the nerves, I can adduce an anatomical fact. Purkinje has seen fine nervous twigs on the cerebral vessels of sheep; and Valentin both on them and on many other blood-vessels; and I have myself often observed nervous filaments presenting the character of the so-called organic fibres on small vessels such as one can see undissected with powerful lenses. On a vessel of the pia mater of one fifth of a line in diameter, I saw such a nervous fasciculus (of 0·009 of a line in diameter) ascending to the upper wall of the vessel, which was turned towards the eye, then turning round it to its posterior wall, and then continuing its course in the same direction. I have seen this winding of the nerves round the vessels only on very small portions of the latter, but I have observed it so often that I cannot regard it as an accident. In one case a smaller fasciculus was given off; it consisted of only three or four fibres, and passed along the vessel.

ART. III.—ON THE OPERATION FOR STRABISMUS.

BY PROFESSOR DIEFEENBACH.[1]

Since my first communication on this operation, it has had such a general reception and has acquired such an importance as I did not at that time anticipate. Upwards of 300 cases have been operated on by me within a few months, and both in Berlin and in other places my proceeding has been frequently imitated. I propose to give here a short general view of the results of my observations.

The youngest individuals in whom I have undertaken the division of the shortened muscle of the eye were five years old: the oldest were upwards of forty.

Sometimes one, sometimes both eyes squinted, and the operation had generally the same favourable result in both cases. When both eyes were affected, I either operated first on that which squinted most, and when that was quite well on the other, or else on both at the same time.

Squinting inwards, from shortening of the rectus internus, was by far most frequent. Sometimes the trochlearis muscle was also shortened, so that it was necessary to divide it as well as the rectus. In the whole number of those I operated on there were only a few who squinted outwards, and still fewer in whom the eye was directed upwards, or upwards and inwards. I found no eyes at all that squinted downwards.

Strabismus upwards was sometimes complicated with blepharoptosis. The division of the rectus superior not only cured the squinting, but the ptosis gradually diminished after it.

Strabismus outwards or inwards was often complicated with nystagmus bulbi. After the division of the external or internal rectus, not only did the squinting cease, but in general the nystagmus also. In other cases, however, the latter was persistent, and did not decrease till after the division of the rectus superior, or obliquus superior, or rectus externus.

When cataract and strabismus coexisted, the operations for both were done at the same time, and the result was in every case favourable to both.

In most of the patients the strabismus had commenced in very early childhood, after ophthalmia neonatorum, scrofulous inflammation of the eyes with ulcers on the cornea, or after acute exanthemata, &c. In many there were cicatrices on the cornea or cataracta centralis. In cases of the former kind, in which hitherto artificial pupils would have been made, the operation was attended by success and considerable improvement of the sight.

All those who had strabismus of only one eye, saw more weakly with it than with the other; in those who squinted with both eyes, that which was turned least was usually the stronger. The weakness of the one eye had been observed by only a few of the patients; they had naturally looked only with the better eye, and the other had been unemployed. The operation completely cured the weakness of sight; some who had actually amaurotic amblyopia could see clearly directly after it was performed.

Some of the patients previous to the operation often saw double; this defect continued for some time after it, and then gradually ceased. Some others who had never seen double before did so immediately after the operation. These had been in the habit of looking only with their strong eye, while the other had been unused. The improved position of the latter compelled it to see; but the double vision was subsequently lost.

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[1] Casper's Wochenschrift, July 4, 1840; and Br. and For. Med. Rev. Oct. 1840, p. 570.

Some who were operated on did not see so well immediately after as before the operation; but after some exercise this weakness of vision ceased and they could then see quite clearly. The cause of this was, that when the eye was put in its normal position, a point of the retina which was before unexercised was now brought into play, and required some practice before it could fully discharge its functions.

Operation. That for strabismus convergens is here taken as the type. The operator always stands on the right side of the patient, whether he be operating on the right or on the left eye. The patient sits on a stool, and an assistant standing behind him draws up the upper eyelid with a Pellier's hook. A second assistant draws down the lower eyelid with a double hook, which is set in a handle, and of which the teeth are connected by a transverse piece. He kneels down before the patient so as not to be in the way.

The operator then puts a fine hook into the conjunctiva at the inner angle of the eye, just where it is passing from the palpebræ to the bulb, passes it superficially through it, and gives it to a third assistant who stands on the left side of the patient. The operator next passes a second hook in the same way through the conjunctiva, about a line and a half from the first. He and his assistant then both at the same time draw their hooks a little up, so as to raise a fold of the conjunctiva, and at the same time pull the bulb somewhat outwards. The fold is then divided with a pair of curved eye-scissors; and this cut usually at once exposes the tendon and the anterior part of the muscle. A couple of cuts with the scissors then expose the outer surface of the muscle; a rather blunt hook is passed under its tendon, and the two sharp hooks that held the conjunctiva are now removed; the eye is held completely in the power of the blunt hook, and is to be drawn by it from out the internal angle of the orbit. A flat probe is then pushed under the muscle, and the loose connection by cellular tissue between it and the eye is broken up. The division of the muscle is made by the scissors already mentioned, either, first, through the tendon in front of the hook; or, second, behind the hook, at the beginning of the muscular substance; or, third, some lines deeper back.

When the tendon is divided, nothing of it remains on the eye, and the muscle commonly retracts a line backwards. When the muscle itself is divided at its anterior part or further back, its posterior portion retracts, and the anterior, which remains connected with the bulb, turns forwards like a loose flap, which, according to circumstances, may be removed by the scissors or pushed back into the wound if it is thought desirable that it should unite again with the posterior portion.

In practised hands the whole operation seldom lasts more than a minute; and it is done almost without pain. When finished, the eye is cleaned with cold water and a soft sponge. The after treatment consists of cold lotions, and very great abstinence from food and strong drinks. The patient should be kept in a darkened room. In most cases the wound heals very quickly, and after a few weeks no traces of the operation remain, and the eye stands in its normal position.

The operation for internal strabismus is by far the most easy; the division of the obliquus superior for squinting upwards and inwards is more difficult; that of the rectus internus for strabismus divergens is more difficult still; and the most difficult of all is the division of the rectus superior for squinting upwards. With respect to the manipulations of these operations, they are just the same as those for strabismus convergens.

Remarks on the operation. The fixing of the upper and lower eyelids with the elevator and the hook, so as to expose the whole of the anterior surface of the globe, is indispensable, for neither the will of the patient nor the separation of the lids by the finger can do this effectually.

The fixing of the globe can be accomplished only by fine hooks carried superficially through the conjunctiva; the seizing and elevation of the fold of conjunctiva by forceps sounds more gentle than to do it with a sharp hook, but it is in reality far more painful, more injurious, and more insecure; the fold raised up by the forceps easily tears or slips from their grasp, and if the forceps are made with hooks, they wound as well as pinch the membrane. Two hooks must be employed to make the fold tense enough.

The great number of operations that I have performed has given me opportunity of observing the phenomena that ensue subsequently to them, and their after consequences. The question here is only of internal strabismus, but any surgeon will easily supply the necessary modifications for the operations in the other varieties. In the first case, the eye after the division of the muscle goes into its normal position. In the second it remains in some degree squinting. In the third it turns outwards.

In my first operations, the position of the eye after the division of the muscle was left to chance, but I gradually succeeded in getting it into my own power to determine it. If there be the slightest degree of convergent strabismus, only a very small opening should be made in the conjunctiva, and the tendon only divided close to the eye, without separating the muscle from the globe. In this case the eye at first almost maintains its previous position, but after some weeks it becomes straight. If the conjunctiva be more extensively divided, and if the under surface of the muscle be separated from the globe with a probe and then cut across, the squinting is at once nearly or completely removed. If the conjunctiva be divided over a greater arc and towards the back of the globe, if the cellular tissue be extensively separated and the muscle be detached far back and divided at its middle, then the eye, even in cases in which the whole cornea was before hidden in the internal angle, stands quite straight after the operation.

Hundreds of those whom I have cured have been seen by our own and by foreign medical men, and it was often impossible to distinguish the eye that had squinted from the other.

In some who still squinted slightly after the operation, the position of the eye was made perfectly normal by tying up the sound eye and rolling the globe forcibly outwards so as to stretch the newly-formed uniting substance. In others of those whom I first operated on, in whom I had not adopted this after measure, I repeated the operation; and I found that in fourteen days after its first division the muscle was again intimately united with the globe, and that with the exception of a slight thickening and induration of this part, there was no indication of a previous operation.

Immediately after the operation the eye can be moved inwards by the superior oblique, and at a later period by the divided muscle, which has again united with the globe. In several persons in whom the muscle was divided deeper in the orbit, the eye turned outwards some weeks after the operation, so that there was actually an external strabismus. If the divergence was but slight, it was often sufficient to snip (*betupfen*) the conjunctiva at the inner angle, so as, by the shortening of the membrane that was thus produced, to bring the eye into the middle. But if the divergence was greater, I then divided the external rectus and the eye became straight again, especially when I at the same time removed a fold of conjunctiva from the internal angle, for the cicatrix that then followed tended to draw the globe inwards. If the eye, notwithstanding the division of the external rectus, still remained turned outwards, I then, after dividing and separating that muscle, tied a thread as fine as a hair upon its tendon, and with this pulled the eye forcibly inwards. The end of the thread was then drawn tightly across the bridge of the nose and fastened to a piece of good adhesive plaster, which was stuck upon the opposite side. The result for the most part surpassed my expectations.

BIBLIOGRAPHICAL NOTICES.

A Second Appeal in regard to the Insane Poor.[1]

It may be recollected by many of our readers, that nearly two years ago an appeal was made to the people of Pennsylvania on the subject of an Asylum for the Insane Poor. This appeal was prepared by the committee of which the editor of this Journal was chairman, and it was published in the "Library" department. Subsequently, memorials were sent to the senate and house of representatives, before whom a bill was introduced, accompanied by a report from Mr. Konigmacher—the chairman of the committee to whom the subject had been referred.

The bill passed the house of representatives with but slight opposition, and the senate unanimously; but on account of the exhausted condition of the treasury, it did not receive the sanction of the executive. Governor Porter, however, deplored—in feeling language—"the stern injunctions of duty, by which he was governed," and expressed his belief, that "at no distant day the Commonwealth would be so far extricated from her embarrassments as to be able, without inconvenience, to accomplish the laudable undertaking."

"Participating," observes the preface of this "Second Appeal," "in the benevolent sentiments expressed by Governor Porter; impressed with the irreparable evils which must result from delay, and believing that the period had arrived for farther action, and that certain objections which were made against the former bill could be entirely obviated, the committee of citizens, at a meeting held on the 25th of September last, appointed a sub-committee, consisting of Robley Dunglison, M. D., Isaac Collins, and the Rev. C. R. Demme, D. D., to prepare a second appeal to the people of Pennsylvania, which should embrace such portions of the former appeal, and of the report made to the legislature, and such other information, as the sub-committee might think proper.

"At a meeting of the committee, held on the 9th of October, 1840, the sub-committee, through their chairman—Dr. Dunglison—reported the following appeal, which was approved; ordered to be printed, to be signed by the chairman and secretary of the committee, and to be published under the direction of the sub-committee in such form as to secure its most extensive circulation."

Remarks relative to Dr. Paine's Commentaries upon the Writings of Louis, by H. I. B.[2]

These remarks appeared originally in the Boston Medical and Surgical Journal, and were written—the author states—"under the influence of the keen feelings produced by the unfairness, as he thought, of Dr. Paine, in his criticisms upon Louis's writings." These feelings are but too perceptible in the remarks. The author is an estimable individual; but his zeal for a favourite preceptor has outrun his discretion. The "remarks" are polemical throughout, and often—what is always to be deprecated—personal.

Dr. Paine is engaged in replying to them in the same Journal; and under the provocation is rendering himself liable to a similar animadversion.

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[1] A Second Appeal to the People of Pennsylvania on the subject of an Asylum for the Insane Poor of the Commonwealth. 8vo, pp. 35. Philadelphia, 1840.

[2] Pp. 32. Boston, 1840.

MISCELLANEOUS NOTICES.

Experimental Researches on the Functions of the Encephalon, considered in relation to Sensation, Station, and Progression. By M. Monat.[1] —This is a long report to the Royal Academy, in which the author, after proving the insensibility of the brain, endeavours to point out the functions of its different portions. In this, however, he has but partially succeeded, and the committee, MM. Ribes, Blandin, Amussat, and Bouillaud, come to the following conclusions: 1. That the three great nervous centres, the spinal marrow, the cerebrum, and the cerebellum, have distinct and special functions. 2. That sensation, properly so called, and motion, are under the immediate and direct influence of the spinal marrow, and have each particular nerves. 3. That the brain presides over the various manifestations of intelligence and volition. 4. That the cerebellum plays an important part over the functions of *progression* and *station*. As to the functions peculiar to particular parts of the nervous centres, much yet remains to be done for their determination.

On the Production of Chronic Ventricular Hydrocephalus, in consequence of the pressure exercised by tuberculous masses of the Cerebellum on the Straight Sinus. By M. F. Barrier.[2]—[The object of this paper is sufficiently evident from its title; two cases are carefully narrated, which at least prove coincidence of the two anatomical states referred to, while analogy favours the notion that the obstruction to the return of the blood through the straight sinus may have been the cause of the local dropsy. These cases the author himself candidly admits may be of very rare occurrence; nevertheless, as we agree with him in regarding the point as one of no mean interest, we extract some of his general remarks respecting it.]

The anatomical conditions capable of explaining the production of this form of hydrocephalus are: 1, the presence of the tuberculous mass in the *middle lobe* of the cerebellum; 2, its forming a considerable projection on its superior surface, so as to push the tentorium cerebelli upwards and exercise pressure on the straight sinus. Other conditions conducing to the same result might also be encountered; thus inflammation might lead to adhesion of the tumour with the tentorium, and gradually spreading to the interior of the sinus, determine the formation of a coagulum, which in its turn would oppose the circulation of the blood returning through the venæ Galeni from the ventricles; these veins might also undergo pressure on their egress from the fissure of Bichat. It is evident that obliteration of these vessels, as well as of the straight sinus, can only produce one species of hydrocephalus, that of the ventricles, as the veins springing from the walls of these cavities form a system apart.

There may, it is true, be found in authors numerous cases of tuberculous growth in the cerebellum unattended with ventricular dropsy; but it will be perceived, in all those related with detail, that the tumour was seated either in the lateral lobes or at the inferior surface of the cerebellum, or that, if developed at the upper surface, it did not protrude upwards sufficiently to exercise pressure on the straight sinus. On the other hand, chronic non-congenital hydrocephalus is frequently seen without coincident tumour in the cerebellum.

On the Danger of applying Leeches which have been previously used. By M. Puche.[3]—The transmission of virus by the fangs of leeches is an important question, and worthy of examination. M. Puche, physician to the hospital of Midi, has treated a patient in his wards, who affords a convincing proof of the danger of employing leeches which have been employed before. A messenger, æt. 24, was admitted into the hospital with urethritis of four months' standing, which had been recently complicated by acute inflammation of the epididymis. The epididymitis was the consequence of excessive labour, not of arrested discharge. Many applications of leeches were made to the hypogastric region for its removal. Five of the leeches applied were purchased at a low price by the nurse. Their bites inflamed, and took the aspect of Hunterian chancres. Now these syphilitic ulcers were too recent to have arisen from the same impure connection that produced the gonorrhœa; but as it was possible that they were occasioned by the gonorrhœal matter comming into contact with the leech-bites, M. Puche, to satisfy himself, inoculated one part with the whitish discharge, and another part with the pus of the ulcers, on the 28th of February, 1840. On the 4th of March the inoculation of the urethral matter had produced nothing, while that of chancres had given an ecthymous pustule, which had the regular development of syphilitic pustules, and terminated by an indurated and coppery cicatrix. It is argued that the ulcers proceeded from the leech-bites, (the leeches had certainly been employed on a syphilitic patient,) and that they had conveyed the infection from one patient to the other. The possibility of this transmission may be granted; but other experiments are necessary to prove it, and to determine whether the leeches are not destroyed by the virulent principle they imbibe; whether the poison is destroyed by them; and if so, at what period do they become innocuous.

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[1] Bull. de l'Acad. Roy. de Méd., Juin 17, 1840; and Br. and For. Med. Rev., Oct. 1840, p. 554.

[2] Gaz. Méd. de Paris, No. 17, Avril, 1840; and Br. and For. Med. Rev., Oct. 1840, p. 559.

[3] Bulletin Général de Thérapeutique, Juillet 30, 1840; and Br. and For. Med. Rev., Oct. 1840, p. 563.

On a New Species of Strangulation in the Tunica Vaginalis Testis, followed by Internal Strangulation. By M. Laugier.[1]—M. Laugier, surgeon to the Hospital Beaujon, presented to the academy a pathological specimen, which is an extrordinary example of the above strangulation, caused by a circular fold of peritoneum, the edge of which surrounds the superior orifice of the inguinal canal, and the free border of which floats in the abdomen, forming a sort of prolongation of the inguinal canal. It was formed by a double fold of peritoneum detached from the anterior wall of the abdomen. It was easily passed into the tunica vaginalis (like the finger of a glove cut off) from ten to twelve lines. It was returned with equal facility. A portion of small intestine, about a foot in length, had pushed this production before it in passing into the sac of the tunica vaginalis, and became strangulated by the floating ring. The strangulation, therefore, was not at the neck of the sac, as usually occurs in congenital hernia; neither was it an encysted congenital hernia, for there was no secondary sac, but a ring at the free part of the floating fold. The reduction of the strangulated hernia produced the separation of the circular band which surrounded the intestine, and the external strangulation became internal, without there being any possibility of suspecting before death a similar course of strangulation in the tunica vaginalis and internal strangulation.

The dissection revealed the existence of a similar fold on the opposite side, and the patient had a congenital reducible hernia in the left groin. But as there was neither strangulation nor rupture, the free border of the fold was rounded, and not broken as on the right side. No similar disposition of parts has been hitherto recorded. If it had been possible to suspect it during life, it is not likely that an attempt at reduction would have been made, for the reduction itself was the cause of the strangulation, in producing rupture of the fold. Gastrotomy was the only operation that could have been practised, but the rapid death of the patient prevented this.

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[1] Bulletin de l'Académie Royale de Médecine, Juin 30, 1840; and Br. and For. Med. Rev., Oct. 1840, p. 565.

Peritonitis from Injections into the Uterus, the Injections passing through the Fallopian Tubes into the Cavity of the Peritoneum. By M. Hourmann.[1] —A patient who was in the hospital of Loursine, under M. Hourmann, labouring under leucorrhœa, was ordered an injection into the uterine cavity. It was administered by means of a clyster pump, and at the first stroke of the piston the patient uttered a sharp cry, and pressed the hand strongly on the left iliac region. Symptoms of metroperitonitis came on, and the most energetic treatment was adopted. It being an important practical point to determine whether peritonitis was likely to ensue from uterine injections, several novel experiments were made in the hospital of Loursine to determine whether liquids would pass along the Fallopian tubes into the cavity of the peritoneum; and it was found that injections with an arterial syringe passed into the tubes. Abundant injections by means of syringes double the size of urethral syringes passed into the tubes, preceded by a certain quantity of air. In some few cases small quantities passed quite through the tubes. As this matter is to undergo further examination, we shall defer further notice of it at present.

On the Radical Cure of Inguinal Hernia by the Horizontal Position, after the plan of M. Ravin. By M. Biagini.[2]—A man, thirty-two years of age, consulted M. Biagini on account of a tumour in the left inguinal region, which this physician considered to be an entero-bubonocele, and which had resisted all efforts at reduction. M. Biagini proposed a long continuance in the horizontal posture to the patient, aided by compression, but he refused it. A year afterwards the man was obliged to put himself under treatment for articular rheumatism, complicated by pericarditis. After three months decubitus, which was consequent on the rheumatic affection and its treatment, the hernia did not exist, nor could it be made to appear by any effort or coughing. M. Biagini felt assured that the left external inguinal ring was singularly contracted. He considered this case as confirmative of the views of M. Ravin, and drew the following conclusions: 1. It is possible to obtain a radical cure of some herniæ by a long continuance of the horizontal position. 2. The cure takes place by a diminution in the size of the canal and the retraction of its walls, by which the lost obliquity is restored. These changes occur solely by the *vis tonica* of the tissues. 3. Though the tissues possess sufficient *vis tonica* to bring about the desirable changes, it is necessary that the general strength of system of the patient be somewhat considerable.

New Operation for the Cure of Vaginal Cystocele. By M. Jobert, Surgeon to the Hospital of St. Louis.[3]—The following is the substance of a report made to the Royal Academy of Medicine, by a committee consisting of MM. Blandin, Danyan, and Gimelle.

M. Jobert divides his memoir into three parts: in the first, he treats of the history of the disease, and the modes of treatment which have been hitherto employed for its removal. In the second, he proceeds to point out his method of obtaining a radical cure. In the third, he gives some new ideas, based on his pathological researches, with regard to the mode of formation of the cystocele.

Vaginal cystocele was treated of in the work of Leblanc, printed in 1775. Since that time, many surgical authors have noticed it; all have attributed it to a rupture or abrasion of the anterior wall of the vagina, allowing the bladder to pass into the cavity of the former, filling it by its distention, and causing a projection, more or less considerable, through the os externum. Until lately, palliative means alone have been adopted, which were totally incapable of effecting a radical cure. Pessaries under all forms can be but palliatives.

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[1] Gazette Médicale, Juillet 11, 1840; and Br. and For. Med. Rev., Oct. 1840, p. 566.

[2] Bulletino delle Scienze Mediche, Gennario, 1840; and Br. and For. Med. Rev., Oct. 1840, p. 569.

[3] Bulletin de l'Académie Royale de Médecine, Mai 15, 1840; and Br. and For. Med. Rev., Oct. 1840, p. 575.

The well-known operations of Marshall Hall and Dieffenbach have been performed with success by Berard and Velpeau in cases of prolapsus uteri, in which the bladder and vagina have been also drawn down; by these means the displaced parts may be retained within the cavity of the vagina; but in cystocele, M. Jobert says the bladder has an abnormal magnitude, and although it does not project from the vulva, it is nevertheless displaced, resting in such a manner on the perineal surface of the vagina, that the anterior wall of the bladder becomes superior. Thus, after the operation just named, though there is not external projection, the organ is not able to regain its ordinary size or position.

M. Jobert considers that in order to effect a radical cure, three things must be done: first, the bladder must be restored to its natural situation; second, the anterior wall of the vagina distended by the tumour must be reduced to its ordinary proportions, so as to maintain the bladder when replaced; but this latter result cannot be obtained by causing a loss of substance in this wall, and reuniting the edges according to the method of Hall, without injuring the orifice of the vulva. The proceeding has also entailed great difficulties in its execution, and possibly severe accidents, therefore the author substitutes, thirdly, the following method: He incloses within two curved transverse lines an oval space, more or less considerable, on the posterior surface of the tumour, or the anterior surface of the vagina, by means of caustic, so as to form an isolated spot, repeating the application of the caustic until the mucous membrane is destroyed. He then pares the edges with scissors or a bistoury, draws them together, and maintains them in apposition by means of straight needles, the points of which are removed, and a twisted suture.

Jobert operated in this manner on the 23d of July, 1838, on a female aged forty-five, of strong constitution, who presented at the aperture of the vulva a very large cystocele, which elevated the nymphæ and descended above the urethra and clitoris. The tumour was reddish. The patient easily returned and reproduced it. She often experienced acute pains in the abdomen, and the tumour became excoriated from friction. She had frequent desire to pass urine, the emission of which was often difficult. The tumour was five inches in length, from the orifice of the urethra to the neck of the uterus, and eight inches in circumference.

Seven needles were applied: four large and three small ones. They were lance-shaped, and were contained in sheaths, which alone were left to retain the threads when the suture was made. One of the large needles was applied to each extremity of the oval formed by the circumscribed space, two others in the middle, the small ones filling up the intervals. A sound of gum elastic was introduced into the bladder, and left there in order to prevent the accumulation of urine, and the distention of the viscus. The reunion of the edges of the wound arrested the flow of blood, and no accident occurred. Four of the sheaths of the needles which retained the sutures were removed on the 3d of August, the others fell of themselves on the 5th and 7th. The sound was discontinued on the 20th of the same month. The woman returned to her occupation as a laundress, and at the end of the month of January, 1839, the time at which she was examined, nothing unfortunate had happened.

Since this time two other cases, presenting the same symptoms as that just related, were operated upon in the same manner by M. Jobert, and the result in all the cases has been equally favourable. Two of the committee appointed by the academy were able to testify to this in one case.

But after the cure of these patients, the anterior wall of the vagina underwent a contraction throughout its whole length, and the uterus was proportionally prolapsed. M. Jobert now prevents this inconvenience by applying the caustic in a vertical instead of transverse direction. In this way the vagina is retained, and remains of its full length, the uterus suffering no displacement.

Jobert has shown by his pathological researches that the anterior wall of the vagina is neither ruptured nor abraded in the displacement of the bladder called cystocele, but that this disease is the result of the relaxation of the superior pelvic fascia, which, having been distended by the elevation of the womb in successive pregnancies, loses its elasticity, and no longer sustains the anterior wall of the vagina after delivery in a proper manner; and in this case a fall, an effort, the habit of retaining the urine in the bladder for too long a period, and in too great a quantity, are causes sufficient to produce the disease.

Jobert performed the same operation with success in a case of eversion of the mucous membrane of the posterior wall of the vagina; and the committee are of opinion that it may be practised in similar states of the same tissue in other natural passages.

Therapeutic Considerations on Obliterations of the Veins in the Treatment of Varix and Varicose Ulcers. By M. Jobert.[1]—In this paper, M. Jobert relates six cases, and states that he could describe twelve others, in all of which the treatment of varicose veins by producing the obliteration of their trunks by needles and twisted sutures, or other means, though at first it seemed promising, had ultimately proved completely unsuccessful. In all the patients who were thus treated, the varicose ulcers returned a short time after they left the hospital, as it was believed, perfectly cured; and the return took place in these cases more rapidly than in all probability it would if only the ordinary treatment by rest, poultices, and bandages had been pursued.

[After the statement of these facts and those recorded by Bonnet, (Brit. and For. Med. Rev. No. ix. p. 252,) few will hesitate to agree with the author that the obliteration of the veins by the needle and suture, however harmless an operation it may be, is not one which the surgeon has any authority or encouragement in undertaking in the treatment of varicose ulcers. The histories of the cases hitherto published in this country have not extended to the period after the operation at which the fair promises that it affords at first are dispelled.]

We extract from the British and Foreign Medical Review the following epitome of cases in some of the British journals, for the quarter ending August 31, 1840.

EDINBURGH MEDICAL AND SURGICAL JOURNAL, JULY, 1840, No. 144.

Observations on the Diseases of Peru. By Archibald Smith, M. D.—This is the conclusion of the paper noticed in our last number. It contains some interesting details, particularly on the influence of climate and locality on hæmoptysis and phthisis.

Cases of Great Enlargement of the Stomach: with Remarks. By J. H. Peebles, M. D., Physician to the Edinburgh Infirmary.—This is a monograph consisting chiefly of a collection of cases from various authors. It will be useful for reference to the practical physician.

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[1] Bulletin de Thérapeutique, Mai, 1840; and Br. and For. Med. Rev., Oct. 1840, p. 577.

Cases of Deformity of the Feet cured by the Operation of Stromeyer. By Robert Thomson, Esq., Surgeon, Dundee.—The author here gives the results of fifteen cases, seven of which are detailed at length. The treatment was highly creditable to Mr. Thomson, and his paper merits the notice of surgeons.

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On Anomalous Affections of the Respiratory Organs. By John Gardner, M. D., Edinburgh.—Cases of this kind must be familiar to practitioners of experience in hysterical females of feeble frame, and who are often said to be the subjects of spinal irritation. Dr. Gardner calls attention to the employment of *blisters to the nape of the neck*, as found useful in such cases; and he suggests the same remedy, on theoretical principles but from a fair analogy, in hooping-cough and laryngismus stridulus.

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On Nervous Headache from Exhaustion, and its Treatment with Aconite. By T. H. Burgess, M. D.—Dr. Burgess notices two conditions of system in which nervous headache is apt to ensue: one of general anemia; the other debility from nervous exhaustion. In these, and also in other kinds of headache, he has found the extract of aconite, in doses of rather less than a grain given every two or three hours, very useful.

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On the Action of Hydrated Sesquioxide of Iron on Arsenic. By Douglas Maclagan, M. D., &c.—This is a valuable paper, and confirms the results previously arrived at of the antidotal powers of this salt of iron. Dr. Maclagan further proves that the salt acts chemically on the arsenious acid. He is of opinion that it is better fitted for removing the arsenic from its solution when precipitated by ammonia than when precipitated by potash, and that it answers better when preserved moist.

DUBLIN JOURNAL, JULY 1840.

On Cod-Oil. By M. Donovan, Esq.—This has been a good deal used on the continent of late years as a remedy in scrofula, (see Br. and For. Med. Rev., vol. viii. p. 554, and vol. ix. p. 553,) and with supposed benefit. The present paper is valuable in showing how this medicine can be rendered palatable, which is effected by using a temperature in its expression not exceeding 192°. But Mr. Donovan's paper merits perusal.

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On the Utility of the Oxymuriate of Mercury in the Strumous Ophthalmia. By John Hamilton, Esq.—In addition to the usual local remedies, Mr. Hamilton employs with the greatest advantage this preparation of mercury internally, in doses of from one sixteenth to one eighth of a grain, in Tinct. or Decoct. Cinch., twice a day. This practice he borrowed from Sir P. Crampton, who learned it from Dr. M'Evoy. Mr. Hamilton gives several cases illustrating the great efficacy of the treatment.

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On the Hydrocyanoferrate of Quinina; a febrifuge of greater power than the Sulphate. By M. Donovan.—This remedy has been employed in Italy, and is said to answer where the ordinary salt fails. Mr. Donovan gives formulæ for the preparation and administration of the remedy.

THE

AMERICAN MEDICAL INTELLIGENCER.

Vol. IV. November 1, 1840. No. 15.

For the American Medical Intelligencer.

Art. I.—CASE OF FIBRO-SCIRRHOUS TUMOUR,—CONTINUANCE FIFTEEN YEARS,—DEATH,—NECROSCOPY,—REMARKS.

BY JOHN S. ROHRER, M. D., OF PHILADELPHIA.

History.—Miss S., of delicate and slender frame, aged fifty-four years, died on the 7th August, 1840. She was of scrofulous habit, and subject to glandular swellings of the neck. Fifteen years previous to her decease, she first observed a tumidity of her abdomen, which produced a sensation of fulness and distention. From this time her *catamenia* ceased to flow, and were never afterwards restored. The abdomen continued to enlarge, which circumstance, and the sudden suppression of the accustomed secretion, caused some apprehension on the part of her too solicitous friends, calculated to *reflect* upon her heretofore fair and unsullied character. In due time, however, her faded complexion and emaciated form, together with an increase of her malady, dispelled their ill-grounded suspicions, and convinced them that there was no rational cause either to affect the matron's pride, or raise the virgin's blush. Previous to this she enjoyed good health. Her skin soon became sallow, and, towards the termination of her complaint, of an earthy hue. Her appetite was generally good. During the long period of the gradual developement of the tumour, she was not prevented until within six weeks of her death, from attending to her accustomed daily avocations. Towards the close of her malady there was some cough; difficulty in moving about; a "sense of bearing down;" occasional abdominal pain; dyspeptic symptoms; swelling of the feet and legs; paroxysms of chills and fever. Her body was much emaciated, and it was with great difficulty that her feeble and exhausted frame could sustain the enormous load with which she was obliged to move about. Her bowels were constipated, and great pain was produced by evacuating their contents; her urine could not be voided without an assistant to push up the tumour from the brim of the pelvis, for the purpose of allowing the urine to escape from the neck of the bladder.

August 7th, 1840. *Necroscopy five hours after death.*—There are scrofulous enlargements of the glands of the neck, behind the ears, and under the chin, most of which are cicatrised, and a few ulcerated.

The lungs on the anterior surface are of a dark red colour, and upon pressing portions between the fingers, numerous little hard bodies are felt, varying in size from a millet seed to a garden pea. The anterior lobe contains many of these tubercles clustered in bunches, and forming a considerable mass. They resemble the *miliary tubercle* of Laennec. Other portions have the natural spongy structure and the crepitous feel.

Upon opening the cavity of the abdomen, an irregular ovoid tumour is seen anterior to the intestines, and occupying the hypogastric, umbilical, and epigastric regions, extending into the pelvis, and filling its entire cavity. After carefully removing the tumour from its different attachments, it weighed *forty-five pounds*, and measured from the apex to its base *twenty-one inches*, through its lateral portion *nineteen inches*, and from the front to its back surface, through the centre, *nine inches.*

The liver, spleen, pancreas, and kidneys were normal.

The tumour had a covering of the peritoneum, which kept it in its situation, and bound it firmly to the parietes of the abdomen, to the intestines, pancreas, spleen, uterus, and bladder. The whole length of the *colon* was attached to it by strong adhesions. The uterus lay in front, and the broad ligaments were stretched over it at the lower portion where it emerged from the pelvis, and adhered firmly to its lower surface. The *Fallopian tubes* and *ovaries* were normal, and could be traced in front of the lower portions of the tumour on each side of the uterus, strongly attached to it. The bladder was also in front of the tumour, and fastened to it. This viscus, as well as the uterus, was pushed above the brim of the pelvis, and the necks of both were very much elongated. Many blood-vessels supplied the tumour from these attachments.

The tumour appears to have originated either in the cavity of the pelvis or abdomen, and by its gradual enlargement pushed the peritoneum before it, which gave it a covering and supplied it with blood-vessels. The external surface presented a smooth and uniform appearance. Upon making a section through the middle portion, a crepitus is produced by the edge of the scalpel. The internal substance exhibits a variety of appearances, generally of a whitish colour, but some portions of it have a blueish, others a dusty gray and yellow colour.

The whole appears to be a mass formed by the aggregation of tumours or lobules in their progressive developements. The consistence and structure varies, portions being of a loose structure and containing cells. The greater mass is *hard* and intermixed with *cartilaginous* and *bony matter.* The upper portion of the tumour is composed of a homogeneous substance of almost cartilaginous consistence, and mixed with a substance of less density of a whitish colour. Lower down it represents a dense substance resembling a section of pork. Throughout the greater part its consistence varies from that of fresh pork to boiled udder or brain. A large quantity of this carcinomatous matter throughout the whole tumour is accumulated in cells. In some places the lardaceous substance forms a homogeneous mass of considerable bulk. Fibrous matter, mixed with glandular substance, is seen throughout the whole tumour. Red points can also be traced in different parts, of the colour and consistence of the fibrine of blood.

Portions of it again are composed of almost entire osseous matter; spicula of bone are seen at different points, of an inch in length and a line in thickness.

In the centre of the tumour is a large cavity containing a fluid of the consistence of cream, intermixed with shreds of cellular tissue, detached blood-vessels, and a curdy matter of a grayish colour. There are other smaller cavities containing serum.

I will not further attempt to enter into details, but will content myself with saying, that after a minute and careful examination of the different structure and consistence of the tumour itself, and a comparison with Professor Carswell's "Illustrations of the Elementary Forms of Disease," I am satisfied that in this interesting specimen, the scirrhous, lardaceous, mammary, medullary, and hæmatoid forms are all combined.

J. S. Rohrer, M. D.

Chestnut street, Nov. 22, 1840.

ART. I.—FUCHS ON THE INFLUENCE OF PROFESSONS ON HEALTH.[1]

Professions, in medical statistics, may be considered certain determined combinations of external circumstances to which classes of men are exposed. Their influence is much more powerful and obvious in India, where they are hereditary, than in Europe; yet several professions in Europe have a remarkable effect in modifying the extent of sickness and death to which their members are liable. Before this full effect can be determined, extended series of observations, made by different individuals, must be collected; and the observations must embrace all essential facts, capable, like other facts in physical science, of being compared. To determine the relative health of any profession or class of men, and the deleterious influence of any circumstance in which they may be placed, the facts required are simple and few; but it is very rare that they can all be obtained, or at least are all furnished by writers. In the first instance, it is necessary to ascertain the number of individuals in each profession between the ages of 10-20, 20-30, &c., and then the total cases of disease, the average number constantly sick or the days of sickness, and the deaths in a determined time; from which data the annual diseases and deaths in 1000, and the average proportion of sick at all ages may be deduced. The sicktime and mortality in an assumed unit of lifetime thus becomes a determined quantity, which may be compared with any other quantity. To give an example: in the island of Corfu[2] the average force of the British troops was 1974·5 during the six years 1816-21; equivalent to 11,847 (1974·5×6) years of life, 620 of which were years of sickness. The total number of cases treated amounted to 14,098. Whence it is found by direct proportion that in a year 1000 soldiers living suffered 1190 attacks of sickness; that 52 of them were on an average constantly ill, and that 27 died. Of 1000 cases treated, 23 terminated fatally. A table in which these results were compared with those presented by other classes of men, would constitute a law of health for professions: it would teach the medical practitioner how many patients in a known population he may expect to attend; the general on how many effective men he may count in a campaign; the government how the labouring, manufacturing, agricultural, and higher classes are affected by political or economical measures. The sick-clubs and self-supporting dispensaries can only be firmly established by a knowledge of the quantity of sickness in the class they embrace; and if they enter every individual, distinguishing the age on their books, they will soon be in possession of a mass of useful facts.

The observations of Professor Fuchs were collected from the reports of a trades' institution in Würtzburg, to which each workman employed contributed weekly, in order to obtain a certain sum in sickness. These reports, published since 1788, distinguish the contributions of each trade; the deaths and attacks of sickness occurring in each trade have been distinguished from the first: and from these contributions and payments the learned professor has been enabled to ascertain that, since the foundation of the society in 1786 (49 years), the average number of contributions has been 1186; the same as if 58,125 members had lived and been occupied in their respective arts one year in Würtzburg: 275 cases of sickness and nine deaths occurred on an average annually; for the total attacks of sickness in 49 years amounted to 13,268; the deaths to 445. Of 10,000 contributors, 2,282 fell sick, and 76 died, yearly; and of 10,000 cases treated, 327 (1 in 29·8) ended fatally. The value and defect of Professor Fuchs's method of inquiry are sufficiently obvious; but we shall compare it with what was said before, to impress the right method more forcibly on future observers.

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[1] British and Foreign Medical Review, October, 1840, p. 373.

Ueber den Einfluss der verschiedenen Gewerbe auf den Gesundheitszustand und die Mortalität der Künstler und Handwerker in den Blüthenjahren, &c. Von Dr. C. H. Fuchs.

A Statistical Memoir on the Influence of Various Professions on the Health and Mortality of Mechanics and Artisans in the Prime of Life; founded on the Tables of the Institution for Sick Mechanics in Würtzburg from 1786 to 1834. By Dr. C. H. Fuchs, Professor of Medicine in Würtzburg. Berlin, 1835. 8vo.

[2] Hennen's Medical Topography of the Mediterranean. We have not been fortunate enough to meet with all these data in any other work, foreign or English. This article was written before the appearance of the army medical reports.

Professions.	Mean age.	In 1000 living, the annual			Deaths in 1000 cases of sickness.
		Cases of disease.	Number constantly sick.	Deaths.	
Soldiers, &c. (in Corfu.)	Nearly 26	1190	52·34	27·4	23·05
Artisans, &c. (in Würtzburg.)	15-35	228·2		7·6	32·70

The ages of neither class were certainly known; and this table only shows the attacks of sickness and deaths at the ages specified; the attacks of sickness are however probably the same at all ages between 10-70. A material defect in the German professor's researches, it will be perceived, is the omission of the average proportion of sickness; investigated in the friendly societies of Great Britain by Dr. Price and the Highland Society, a defect which the data already before him will probably supply. It is almost unnecessary to remark, that the excessive mortality and sickness of the soldiers is in part owing to the climate and fevers of the Mediterranean. The mortality and sickness of soldiers in times of peace is in their native climate greatly above the average; of the English infantry eighteen in a thousand die annually, while the mortality of the entire population is only ten in a thousand at the corresponding age. The mortality of the Würtzburg artisans is apparently low; Dr. Fuchs states that the ages of the different classes were nearly the same, on an average between 15 and 35 years, and this may be fairly brought within the narrower mean of 20-30; at which period of life the mortality in Carlisle was 7·54 per 1000, differing to a trifling extent from 7·60. With Dr. Fuchs we are disposed to place considerable reliance on this general result, although the body of artisans in the society were to a certain extent selected; and we subjoin for comparison the deaths in 1000 at the same age in England and Wales, in Belgium, and in Sweden;

England and Wales.	Belgium.	Sweden.	Wurtzburg.	Carlisle.
10·1	9·1	8·9	7·6	7·5

The proportion of 32·7 deaths in 10,000 cases treated, the professor thinks highly favourable; but on what grounds we do not know. Nearly the same mortality (33·4) has been observed among the sick of the British troops in Bengal;[1] and in Corfu, only 230 died in 10,000 treated. At the same time the attacks of sickness suffered by 1000 persons in Würtzburg, Corfu, and Bengal, were in the proportion of 228, 1190, 1713.

The mean mortality of the Würtzburg artisans, expressed in parts of 10,00, being 76; the mean frequency of sickness 2282; when the same operation has been repeated for each profession, on a sufficient number of individuals, their relative *mortality*, and what Professor Fuchs has called their *morbility*, may be determined by comparison with the mean standard.

Before examining the professions separately, it is necessary to observe that: 1. The institution, and consequently the calculations, only embrace the incorporated trades; day labourers, hackney coachmen, and some others, are consequently excluded. 2. That only journeymen and apprentices belong to the institution. And this is so far for the advantage of the calculation, as the sick are nearly of the same age (15-35); besides, for obvious reasons, a profession exercises its baneful influence far more intensely on journeymen and apprentices than on their masters, who often only superintend without working at their business, and so avoid its discomforts and dangers. 3. Formerly several trades, for example, watchmakers and gunsmiths, carpenters and slaters, &c., formed one united company, and were placed together in the accounts. Professor Fuchs had no means of separating these associated trades, and was himself compelled to combine several of the smaller allied trades, in order to obtain more probable results. 4. Members having syphilitic diseases, and, up to the year 1828, also itch, were not entered on the books.

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[1] Burke on the Mortality of Troops in India, 1826–32. Edinb. Journal, No. 109.

The second and third columns of the following tables, showing the total deaths and diseases of each profession, were calculated from the payments made in the 49 years; but the contributors belonging to each profession were only known from 1818 to 1834; and the numbers in the tables were obtained by first ascertaining the relation of the sick to the contributors during these seventeen years, and calculating from the relation so obtained the number of contributors in the earlier period. For example, of 920 weavers who contributed between 1818 and 1834, exactly 269 had an attack of sickness; and, as during the 49 years 480 of the weavers fell ill, the following proportion gives the total number of weavers who had contributed, 269 : 920 : : 480 : 1642; which last sum is entered in the first column of the table.

We purposely withhold the arrangement of these 54 trades in the elaborate table of Professor Fuchs, according to their greater or less mortality and morbility, and all the professor's reasonings on their relative salubrity. Professor Fuchs is apparently ignorant or forgetful of the well-established physiological fact, that the fluctuations of mortality between 15 and 35 are limited to nearly 7-20 in 1000 of those who remain in their native climate, or he would not reason seriously with the great anomalies of the fifth column before his eyes. These anomalies are principally due to the paucity of observations, which may be sufficiently augmented if proper returns were obtained from all similar institutions; on this account the paper before us deserves attention. It is one of the numerous series of observations which we hope to collect in this Journal, from which our readers, or perhaps ourselves at some future time, may deduce rational, well-founded generalisations. It may, however, be observed, that in this arrangement, and in that which follows, those classes in which the morbility exceeds 2282, the mortality 76, are considered unhealthy; on the contrary, those professions are considered salubrious in which the proportions fall below the average.

The influence of a profession on health is the result of several appreciable agents, to determine the exact value of which is the next step in the inquiry. For this purpose Dr. Fuchs has grouped all the professions in the table according to the locality in which they are carried on; the temperature and moisture connected with their exercise; the materials employed; the muscular force required; the position and necessary movements of the body; the aliment insured to their followers; the amount of wages; their influence on the education and the state of mind of their members. This has the further advantage of increasing the number of facts in each category, and diminishing the chance of error from differences of age. The first column shows the extent of the observations or the number of yearly contributors in the group; the second the attacks of sickness in 10,000 persons living one year; the third the annual deaths in 10,000; and the fourth the deaths in 10,000 cases treated. It is right to observe that the morbility is diminished disproportionably in some professions, where the contributors were well off, and resorted less frequently than others to the institution; all the deaths were recorded. To catch the eye more readily, an * has been affixed where the mortality and morbility were above, a † where they were below the average; the * therefore indicates unhealthy professions when over the column of morbility and mortality.

INFLUENCE OF LOCALITY.	Total contributors.	Morbility.	Mortality.	Relative Mortality.
Professions carried on (1) *in the Open Air.*	5622	†2138	*99	465
Thatchers, fishermen, sailors, gardeners, masons, stonecutters, plasterers, carpenters, and slaters.				
[The increased mortality is probably owing to accidents.]				
(2) *Alternately in the Open Air and Indoors.*	11700	†2212	†59	266
Coopers, surgeons, hairdressers, glaziers, farriers, chimney-sweepers, butchers, millers, tanners, grinders, ropemakers, waxchandlers, wheelwrights.				
(3) *in Confined Rooms.*	40793	*2341	*78	338
The 34 remaining professions.				
(4) *partly in Water.*	3569	*2536	†70	276
Fishermen, sailors, millers, tanners.				
INFLUENCE OF TEMPERATURE AND MOISTURE.				
Professions carried on (1) *in Warm, Dry Air.*	660	*2892	†66	228
Blacksmiths, coppersmiths, locksmiths, nailers, goldsmiths, beltmakers, chimney-sweepers, swordmakers, tinmen, artillery-smiths, pewterers.				
(2) *in Warm, Moist Air.*	6877	†1913	†52	273
Bakers, brewers, confectioners, potters, soapboilers, gilders, lackerers, waxchandlers.				
(3) *in Cold, Moist Air.*	8405	†2165	†83	384
Printers, dyers, grinders, plasterers, weavers, and the professions carried on in water.				
(4) *in Common Air.*	36183	†2268	*81	359
The 27 remaining professions.				
(5) *in an Elevated Temperatare.*		*2393	†59	247
(6) *in Moist Air.*		†2051	†69	338
(7) *in Rapid Alternations of Heat and Cold.*	7093	*2482	86	346
Blacksmiths, barbers, hairdressers, chimneysweepers, brewers, millers, fishermen, and tanners.				
INFLUENCE OF THE MATERIALS EMPLOYED.				
Professions carried on (1) *in a Dusty Atmosphere.*	18602	†2267	†62	275
(2) *in an Atmosphere of Mineral Particles.*	7827	*2762	*77	311
Stonecutters, masons, plasterers, locksmiths, blacksmiths, artillery-smiths.				

	Total contributors.	Morbility.	Mortality.	Relative Mortality.
(3) *in an Atmosphere of Vegetable Particles.* Bakers, millers, hairdressers, chimney-sweepers, ropemakers.	8174	†2160	†59	278
(4) *in an Atmosphere of Animal Particles.* Saddlers, furriers, tapesterers, brushmakers, clothbearers, hatters.	2256	†1878	†23	125
(5) *in Smoke and Carbonaceous Vapours.* Blacksmiths, locksmiths, nailers, swordmakers, tinmen, artillery-smiths, pewterers, coppersmiths.	5342	*3167	†71	224
(6) *in Emanations of Mercury, Lead, and Arsenic.*[1] Pewterers, coppersmiths, tinmen, goldsmiths, beltmakers, hatters, potters, plasterers.	4732	1525	58	388
(7) *in Metallic Emanations generally.*		2430	63	263
(8) *in Vegetable Emanations.* Bakers, coopers, brewers, dyers, lackerers, weavers.	9542	2202	61	276
(9) *in Animal Exhalations.* Butchers, tanners, soapboilers, waxchandlers.	3768	1759	32	181
INFLUENCES OF MUSCULAR EXERTION.				
Professions requiring (1) *great Muscular Efforts.* Brewers, coopers, thatchers, sailors, blacksmiths, masons, stonecutters, butchers, millers, nailers, wheelwrights, carpenters, slaters.	13383	†2133	†67	317
Professions in which (2) *but Moderate Exertion is required,* Glovers, lacemakers, bookbinders, brushmakers, surgeons, confectioners, dyers, hairdressers, goldsmiths, shopkeepers, farriers, tailors, shoemakers, tapesterers, watchmakers, gilders, pewterers.	18926	*2371	*104	439
(3) *Slight but continued Activity is required.* The 36 remaining professions.	26316	†2211	†58	264
INFLUENCES OF CERTAIN DETERMINED POSITIONS AND MOVEMENTS.				
Professions in which the Men (1) *are almost always Sitting.* Glovers, lacemakers, brushmakers, goldsmiths, beltmakers, furriers, saddlers, tailors, shoemakers, tinmen, weavers, watchmakers.	18829	*2577	*99	385

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[1] The greater part of these trades are conducted on a very small scale at Würtzburg; and many precautions are taken against the deleterious influence of metallic vapours.

	Total contributors.	Morbility.	Mortality.	Relative Mortality.
(2) *generally Stand at Work.*	22648	*2451	†69	281
Bakers, bookbinders, dyers, glaziers, blacksmiths, turners, coppersmiths, butchers, nailers, grinders, locksmiths, joiners, swordmakers, ropemakers, plasterers, carpenters, wheelwrights, artillerysmiths.				
(3) *Alternately Sit and Stand.*	16648	†1713	†61	357
All the other professions.				
(4) *Work in a Stooping Position,*	24943	*2858	*95	336
Sitting,—glovers, brushmakers, goldsmiths, tailors, shoemakers, watchmakers. *Standing*,—glaziers, grinders, locksmiths, joiners, wheelwrights, gilders, pewterers, coopers, gardeners, tanners.				
(5) *Carry Burdens.*		†1939	†69	355
(6) *Climb, go up and down Stairs.*		†2100	†74	355
(7) *Use the Axe or Hammer,*		†2211	*81	368
(8) *Work with the Four Extremities.*		†2220	†71	318
INFLUENCE OF ALIMENTS.				
Professions which Prepare (1) *Articles of Food.*	6983	†1732	†38	223
Bakers, butchers, gardeners, confectioners.				
(2) *Drinks.*		*2378	†63	266
Brewers, coopers.				
INFLUENCE OF WAGES.				
Professions (1) *paid well in Summer, badly in Winter.*		†2138	*99	465
Thatchers, fishermen, gardeners, masons, plasterers, carpenters.				
(2) *which obtain High Wages.*	9886	†1634	†59	365
Brewers, lacemakers, printers, glaziers, goldsmiths, beltmakers, shopkeepers, tanners, swordmakers, ropemakers, tapesterers, watch and gunmakers, gilders.				
(3) *which gain Low Wages.*	19858	*2714	*103	380
Glovers, brushmakers, barbers, hairdressers, potters, blacksmiths, butchers, nailers, grinders, tailors, shoemakers, weavers, coopers, (weisskuffner.)				
(4) *which gain Moderate Wages.*	22759	†2223	†59	247
The remaining 21 professions.				
INFLUENCE OF EDUCATION AND STATE OF MIND.				
Professions of which the Common Members (1) *receive a Tolerable Education.*	4928	†1118	†73	653
Shopkeepers, printers, goldsmiths, sculptors, watchmakers, &c.				
(2) *can scarcely hope to become Masters.*	9360	†1929	*86	448
Brewers, printers, millers, masons, carpenters.				
(3) *are subject to Reverse of Fortune.*				

Under this last head are to be classed those professions which depend for their existence on commerce, or in small German towns, such as Würtzburg, principally on fashion. "The most striking example," says Dr. Fuchs, "of the influence exercised by fashion on the health of a profession, is furnished by the hairdressers of Würtzburg. The twenty-two masters who, with numerous journeymen, in 1803 dressed the hair and the wigs of the inhabitants of Würtzburg, have declined to eight, who together keep but five men, and the profession which Adelmann esteemed healthy and ever cheerful, has lost its high spirits, and occupies, by its great mortality (196), one of the lowest places among the unhealthy professions. I am much inclined to ascribe the unfavourable state of health experienced by the hairdressers in great part to the mental impression which the decline of that noble art has exercised on its disciples."

In stating that the increased mortality of the hairdressers was, in our opinion, *chiefly* owing to the greater proportion of *old men*—to a necessary difference of age, such as is found in all declining professions—we do not wish to cast a doubt on the great sensibility of those distinguished artists who have so long decorated the heads of the inhabitants of Würtzburg. No doubt the sudden fluctuations of wages and employment in the manufacturing towns of this kingdom have a most powerful effect on the health and mortality of the operatives.

To sum up the results of this investigation, in reply to the question, "What influence have professions on the morbility and mortality, independently of the form of malady; what professions are healthy, what unhealthy, and why are they so?" Dr. Fuchs lays down these inferences:—

1. The influence of professions on the morbility and mortality in general is remarkable; the differences in these respects between particular professions are great.

2. The mortality and morbility do not always proceed in the same ratio. Many professions have great numbers sick and few deaths—and the reverse: only eight professions (see table) are equally distinguished by a high morbility and relative mortality; and sixteen others have few sick and proportionally few deaths.

3. According to the absolute *mortality*—according to the loss which a given number of individuals belonging to the same profession suffer in a year—twenty-two professions are unhealthy, thirty-four are healthy.

4. Some agencies regulate the frequency of sickness (morbility), others the fatality of diseases (relative mortality); and hence it is clear that in particular professions the number of sick, while in others the number of deaths, will be high, without the one invariably answering to the other.

5. The absolute mortality, on the contrary, is only influenced by causes which either uniformly raise or lower the morbility and relative mortality, or exercise a *preponderating influence* on one of them; and is, therefore, although its oscillations are generally of a more limited extent, the surest measure of the salubrity of professions.

The results of the present investigations appear then to indicate, that the following circumstances connected with professions augment the mortality: slight muscular exercise, bad wages, constant sitting, the bent posture, exposure to changes of temperature, low spirits, cold, moist air, cold dry air, working in-doors, mineral dust. They confirm the conclusions of Dr. Lombard with regard to the unfavourable influence of penury and misery on health, one of the best established principles in statistics. A sedentary life is shown by each series of observations to be injurious. That education promotes health is, on the contrary, established by both. With regard to the influence of dusts and vapours, the results differ; in fact, neither possessed the means of deciding this question.

This memoir displays great industry, accuracy, and considerable acquaintance with statistics; in many respects it merits more attention than any thing that has yet been written on the hygiène of professions. One capital fact it establishes, that in favourable circumstances one man in four, or 22·8 per cent. has an attack of sickness annually; or, more precisely, 23 per cent. apply to friendly societies on the ground of sickness. Similar and more comprehensive researches we hope soon to see instituted in every part of Great Britain where there are benefit and health assurance societies.

BIBLIOGRAPHICAL NOTICES.

Tweedie's System of Practical Medicine, Vol. 2. Diseases of the Nervous System.[1]

The favourable opinion, which we expressed of the first volume of this work, may with propriety be transferred to the present. It offers, too, an additional attraction in having the notes and additions—the "American notes and additions," they are termed on the title-page—of a scientific observer on this side of the Atlantic. The pathology of the nervous system, hydrocephalus, apoplexy, delirium tremens, cephalagia, epilepsy, catalepsy, and allied affections, spinal irritation, spinal meningitis, inflammation of the spinal cord, hydrorachis, spinal apoplexy, tetanus, hydrophobia, paralysis, barbiers and inflammation of the ear, are from the pen of Dr. Bennett; inflammation of the brain, from that of Dr. Hope; insanity, from that of Dr. Prichard; chorea, hysteria, neuralgia, from that of Dr. T. Thomson; and inflammation of the eye and amaurosis from that of Dr. Taylor.

The chief notes by Dr. Gerhard are on delirium tremens and hydrocephalus; but numerous other pertinent comments are distributed through the work. On the treatment of the first-mentioned disease there is between Dr. Gerhard and ourselves a known difference of sentiment,—Dr. Gerhard believing that the alcoholic method is decidedly to be preferred, whilst we think it is very rarely necessary, or, in other words, that if a proper classification be adopted, there are but few cases which can require its employment. We are not prepared to say that the recuperative powers are in all cases sufficient to restore the individual without the employment of the wonted stimulus, but we believe the case in which it is indispensable to recovery is not often met with. In all our public and private practice, we have endeavoured to diminish as far as practicable the employment of alcohol in the treatment of delirium tremens, not because the individual cannot be brought back by it to the state in which he was prior to the attack, in the generality of instances, but because the moral effect must necessarily be—to hold out to the drunkard that the continuance of this deplorable habit is necessary to his health, and the main reliance when he becomes diseased. Were alcohol *proved* to be indispensable, we should adopt the practice universally, but we should adopt it with regret. We do not, however, consider that the numerical results adduced by Dr. Gerhard constitute this proof; not even those which he cites as having been observed in the men's wards under his care in the Philadelphia Hospital, from October 12, 1839, to October 12, 1840. Of 162 cases of decided delirium tremens, 87 were admitted in the first stage, 73 in the second, and 2 in the third; 160 cases recovered, and one remained convalescent, who is since well. "One only proved fatal; the patient was admitted in the third stage of the disease, and died in a few hours after his entrance; he had been treated with opium, and a box of pills, which he was taking, was sent to the hospital with him." "Of course," adds Dr. Gerhard, "this apparent exception confirms the general conclusion, that the disease terminates favourably in every instance when treated according to the method recommended."

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[1] Dissertations on Nervous Diseases, by James Hope, M. D. F. R. S., Physician to St. George's Hospital, &c.; J. C. Prichard, M. D., F. R. S., M. R. I. A., Corresponding Member of the National Institute of France, Senior Physician to the Bristol Infirmary, &c.; John Hughes Bennet, M. D.; Robert H. Taylor, M. D., Liverpool; and Theophilus Thomson, M. D., Physician to the Northern Dispensary, &c. Edited by Alexander Tweedie, M. D., F. R. S., Fellow of the Royal College of Physicians, Physician to the London Fever Hospital, and to the Foundling Hospital, &c; with American Notes and Additions, by W. W. Gerhard, M. D., Lecturer on Medicine, Physician to the Philadelphia Hospital, Blockley, &c. 8vo, pp. 551. Philadelphia, 1840.

Dr. Gerhard will, we are satisfied, appreciate the force of the remark, that any inference from a single year's observation may be fallacious; especially when a similar system of treatment had been adopted, by him and by others, in former years, and with less favourable results. It is a well known fact, that in certain seasons and years diseases are more severe than they are in others; and we think the circumstance, that, of the 162 cases of delirium tremens referred to by Dr. Gerhard as having been admitted in the year ending October, 1840, only *two* are classed in the third stage, sufficiently exhibits that the disease was unusually mild. We have before us a summary of the cases treated in the men's and women's Lunatic Asylum, Blockley, from January 1st, 1839, to January 1st, 1840, politely furnished us by an estimable colleague, and published in the number of the "Intelligencer" for June 1, 1840. According to this summary, it would appear that the number of cases admitted into both asylums during the past year was as follows:

Delirium tremens.	Men's.	Women's.
First stage,	91	40
Second do.	78	12
Third do.	31	15

Of those in the third stage on the men's side 6 are reported to have died; of those on the women's side 2. In the first and second stage none died.

We cannot, consequently, consider that Dr. Gerhard has "settled the value" of the treatment "upon a more definite basis than has yet been done." We should desire to see him continue his investigations through a succession of years; to compare, as extensively, and under circumstances as nearly identical as possible, different methods of treatment, and to communicate hereafter the results of his additional experience.

Dublin Dissector.[1]

This is not truly the first American edition of the Dublin Dissector; although the first "from the fifth enlarged Dublin edition." The value of the work is well known, and its utility has been increased by the additions of the American editor. We need scarcely add, that it is one of the best, if not the very best, companions to the practical anatomist.

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[1] The Dublin Dissector, a Manual of Anatomy; comprising a Description of the Bones, Muscles, Vessels, Nerves, and Viscera; also the Comparative Anatomy of the Different Regions of the Human Body; together with the Elements of Pathology. By Robert Harrison, A. M., M. B., T. C D., &c. &c. First American, from the fifth enlarged Dublin edition; with Additions by Robert Watts, Jr., M. D., Professor of Anatomy in the College of Physicians and Surgeons in the city of New York, &c. &c. 12mo, pp. 541.

We recommend the work most conscientiously to the attention of every reader.

Lee on a Filaria in a Horse's Eye.[1]

This is an account of the Filaria which we had an opportunity of seeing in the eye of the horse, and which was described in a former number of the "Intelligencer." Dr. Lee, with us, regards it as the Filaria papillosa. The following are his views as to the mode of origin:

"Ehrenberg has clearly proved by his careful microscopical observations, that these animals have organs of reproduction clearly developed, and never deficient; indeed, surpassing in development, for the most part, those of other organic systems; thus plainly pointing to a predominant cyclical development, in the same manner as we find in the higher organisms. Ehrenberg has also shown that the fecundity of these animals is most astonishing, each female producing thousands, if not millions, of ova at a time. The same diligent and accurate observer states, that if we carefully examine animal bodies, whether of man or other animals, we shall, in nearly all cases, discover worms of some kind, and that we do not meet with more, he thinks is owing to the great difficulties in the way of the development of the ova, among which the resistance of the vital principle is not the least. He therefore believes that the eggs of intestinal worms are taken into the circulation and carried into all parts of the body, but are developed only where the particular conditions requisite for this purpose are favourable. 'The smaller diameter of the finest vessels through which they have to pass,' he remarks, 'does not appear to me to present any important difficulty, because these, as we see in every inflammation, become easily and quickly expanded as soon as they are irritated; and these eggs may, as excretive bodies, like every body which is foreign to our organism, act in an irritative manner, and may be taken up by the embouchures of the absorbents, and be propelled along with increased activity through them; that this is the case with mercury, pus, and other matters, has been already received as an observed fact. It is even probable that the eggs of the *Entozoa* and their propulsion through the vascular system may be an important morbid matter hitherto overlooked, and which causes a part of the phenomena comprehended under the name scrofula. In bodies which are particularly favourable to the development of worms, there must necessarily be an innumerable quantity of secreted eggs of these parasites, which, if they are not expelled by the intestinal canal, or by the *primæ viæ*, must, as foreign bodies, produce disorders. If the absorption takes place entirely or for the most part in the lymphatics, it would occasion their general or sole influence upon that system. Obstructions in the lymphatics, but especially in their reticular tissue, the glands, which lead to local congestions of lymph, inflammations, and morbid appearances of various kinds, become in this manner very easy of comprehension; and these assuredly deserve the attention of medical science, not as speculations, but as realities. Thousands of eggs of intestinal worms, whose existence in many bodies cannot be denied, must perish, as they are rarely developed in such great quantities, from the difficulty of their attaining the place and conditions favourable for their development; while only some, very often none, ever actually attain those conditions. This relative proportion of the number of intestinal worms and of their eggs to the organs of the larger animals, is also found to exist. There are very often observed in animal dissections a small number of full-grown worms, filled with an innumerable quantity of eggs, without any young in their proximity; and I was often astonished to find in the considerable number of my dissections of animal bodies, (I have brought from Africa alone intestinal worms of 196 species of animals, all of which I have myself dissected, and of some from 40 to 50 individuals,) only a few alive, although these were completely filled with eggs. Thus from laborious observations this opinion has become more and more firmly fixed in my mind, that it is much more astonishing how the great fecundity of the Entozoa should be so limited by the living organs, than that it should be possible that living worms should inhabit them, and, considering their diffusion, escape observations which are generally superficial.'

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[1] An Account of a Filaria in a Horse's Eye, with Remarks on Similar Phenomena, and the mode of their Origin. By Charles A. Lee, M. D., of New York. 8vo, pp. 19, From the Amer. Jour. of Science and Arts, No. 2, Vol. 39.

"Such are the views of this very able naturalist on this difficult subject, and I believe they are those which eventually will be generally adopted. In this manner can we only satisfactorily account for the existence of worms in the fœtus of man and other animals, and in the intestines of chickens and the young of other birds, which have just broken the shell; numerous instances of which have been recorded by Rudolphi, Blumenbach, and others. I see no great difficulty in the supposition that these ova are absorbed by the lacteals and lymphatics, and carried into the circulation, as they are known to be smaller than the particles of quicksilver, and the colouring matter of madder, &c., which it is well known are constantly taken up and deposited in the bones and other tissues of the body. We believe, then, that it is in the highest degree probable, if not actually proved, that the minute ova are thus introduced into the blood, carried to every part, and *there* only hatched when they meet with a suitable *nidus* or *pabulum*, and other circumstances are favourable to their development.[1] Thus are they transmitted from parent to offspring, and thus do we account for the fact that each species of animal has its own parasites. In this manner the ovum of the *Filaria* was deposited in the eye of the horse now exhibiting in this city, there hatched into existence, and where it may now be seen, reveling in an element which appears, so far as we can judge, to be highly congenial to its nature and habits."

MISCELLANEOUS NOTICES.

Vermont Academy of Medicine.[1]—From the Circular, with which we are favoured by Professor Bryan, we find that the following gentlemen compose the faculty:—Horace Green, M. D., Professor of Theory and Practice of Medicine; Robert Nelson, M. D., Professor of General and Special Anatomy and Physiology; James Hadley, M. D., Professor of Chemistry and Pharmacy; James Bryan, M. D., Professor of Surgery and Medical Jurisprudence; Joseph Perkins, M. D., Professor of Materia Medica and Obstetrics; C. L. Mitchell, M. D., Professor of General Pathology; and Egbert Jamieson, M. D., Demonstrator of Anatomy.

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[1] "A very curious disease of the eye has in a few instances been observed. The common symptoms of ophthalmia appear,—as injection of the conjunctiva, dimness of the cornea, weeping and swelling of the cornea. These are properly attended to, but the inflammation increases; and on very close examination, *a small white worm*, about the size of a hair, and an inch in length, is found swimming in the aqueous humour, or that fluid which is immediately behind the cornea. Now it is at once evident that the only way to get rid of or to destroy this worm, is to puncture the cornea and let it out; and this method has been resorted to. In some cases, however, not many days pass before another worm makes its appearance, and the operation is to be performed a second time, and the horse eventually loses that eye. A veterinary surgeon, M. Chaigraud, who seems to have had most experience about this, says that three or four days before the appearance of the worms, *one or two minute bodies, of a reddish white colour, are seen at the bottom of the anterior chamber of the eye.* He also says that the disease appears about June, and is not seen after December. There is no difficulty about these animalcules getting into the eye, for there are undisputed instances of their passing through the smallest capillaries, and being found in almost every tissue."—*Youatt on Cattle*, p. 293.

[2] Annual Circular of the Vermont Academy of Medicine, for the Session of March, 1841. Castleton, Vermont, October, 1840. 12mo, pp. 12.

Yale College, Medical Department.—From the Annual Catalogue of Yale College, with which Professor Hooker has favoured us, we discover that the number of medical students during the last session was 52.

On Paullinia, a New Medicinal Substance. By Dr. Gavrelle.[1]—Paullinia is an extract from a plant of the same name, originally from Brazil, which extract is prepared by the Indians, and appears to possess a very energetic stimulating action. M. Gavrelle has presented a specimen to the Society of Medicine, together with a new alkali, which two chemists of Paris had separated by analysis. The extract and alkali are very bitter, and exhibit great analogy with caffein.

It is probable that paullinia, or the extract which bears this name, is extracted from several plants of the genus Paullinia, which contains thirty-one species, and is of the natural family Sapindaceæ; and Octandria, Triginia, in the artificial arrangement.

This genus has received its name from being dedicated to Simon Paulli, a physician and botanist, who was born at Rostook in 1603, and died at Copenhagen in 1780. This physician was the author of several works, and more notably of *Quadripartitum de Simplicium Medicamentorum Facultatibus*, 1668, in 4to; a work upon the abuse of tea, tobacco, &c.

Paullinia Africana is employed in Senegambia to arrest hemorrhage, by the application of the powdered bark to the wounded parts. The bark of the *P. Asiatica* is used at Bourbon as a febrifuge; in India the bark, the leaves, and the fruit are employed as a decoction, prepared with four grammes of these substances, as a remedy for venereal complaints, rheumatism, gout, and cutaneous affections.

The seeds of *P. eupana* are used by the Indians of Oronoko; they mix them with cassava and water, and leave them in contact. When the liquid mixture begins to putrefy, which is denoted by becoming of a yellow colour, and acquiring a bitter taste, they draw off the clear portion and mix it with the water which serves for their common drink.

P. Mexicana possesses, according to Hernandez, the properties of sarsaparilla.

The seeds of *P. pinnata* are stupifying; they answer in Brazil and the Antilles to poison fish. The leaves of paullinia are, according to Pitron, vulnerary. The *P. serjania* also furnish seeds, which produce drunkenness.

Finally, according to Martins, an extract is prepared from the *P. sorbilis*, known in Brazil under the name of *guarana*, which is a medicine composed by the Indians of Para, and is made up by them in the form of lozenges, weighing 125 to 250 grammes.

The colour of the guarana is brown, and in the mass is composed of lumps which are less coloured interiorly than on the surface. This product is hard, very light, inodorous, and of a slightly bitter taste, without any sensible astringency. Gomez states that the guarana is efficaciously used in Brazil for dysentery, and for diseases of the urinary passes produced by relaxation, four to six grammes being taken in a glass of water; according to M. Batka, the guarana contains a vegetable alkali called guaranine.

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[1] From American Journal of Pharmacy, October, 1840, p. 206.

M. Gavrelle gives the following details on the paullinia, which he has frequently used; he states that it is the product of the *P. sorbilis*, family *Sapindaceæ*, of which the fruit bears great resemblance in colour to the cocoa, its odour is *sui generis*, its taste bitter, analogous to that of rhatany.

It is prepared by separating the seeds from the capsules, exposing them to the sun, until the integuments will separate by simple pressure; they are then reduced to a fine powder.

M. de Chastetus has found in them gum, amidon, a brownish red resinous matter, and a crystallisable matter, which possesses the chemical properties of caffein.

In Brazil and the neighbouring countries it is given as a drink, mixed with cocoa, for dysentery, and as a tonic. Since it has been brought to France, M. Gavrelle has employed it with success in chlorosis, tedious convalescence, paralysis, the looseness of phthisis, headache, &c., by which it may be seen that its use is similar to that of *guarana*.

Mode of Administration.

From numerous experiments carefully made, we are led to the conclusion that the extract made with diluted alcohol is the preparation which would most exactly represent the properties of the plant.

1. *Lozenges of Paullinia.*

Hydro-alcoholic extract,	21 gram. 3 dec.
Sugar, scented with vanilla,	560 ,,

Make into lozenges, each containing 6 decigrammes.

2. *Syrup.*

Hydro-alcoholic extract,	10 gram.
Syrup,	1000 ,,

Fourteen grammes may be given in a day.

3. *Pills.*

Hydro-alcoholic extract, q. s.

To be made into pills containing each a decigramme, with a sufficient quantity of powdered liquorice.

On the Operation for Strabismus. Claims of M. Jules Guerin. By M. Jules Guerin.[1]—In a letter on the treatment of strabismus, addressed to the Academy of Sciences, 29th June, 1840, M. Guerin says: "I have the honour to inform the Academy, that I have four times practised with success the division of the muscles of the eye, in cases of convergent strabismus. I shall briefly state the principles which have directed me in this operation. I had long and publicly professed that strabismus was the result of the contraction of the muscles of the eye; and the varieties of this deformity the necessary consequence of different degrees of contraction. It is in fact an application of my general theory of articular deformities in the skeleton, and caused one of the most eminent members of the academy to designate strabismus as *club-foot of the eye*."

M. Guerin goes on to state, that in his clinical lectures he frequently proposed to extend division of the muscles to deviations of the eye, in the same manner that he had applied it to deformities of similar origin, and that eighteen months since he offered to cure Dr. Pinel Grandchamp of strabismus by means of this operation. He proceeds: "As for the operation itself, it differs in some respects from that of M. Dieffenbach. One of the reasons which induced me to pause before attempting his method, was the fear of inflammation occurring in a wound exposed to the air upon a delicate organ, and so near the cerebrum. These accidents I feel certain of avoiding by the following method:

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[1] L'Expérience, Juillet 9, 1840; and Br. and For. Med. Rev., Oct. 1840, p. 572.

"In place of dividing layer after layer, I detach the portion of ocular conjunctiva which covers the muscles from the sclerotic, and raise it with broad-nibbed forceps until the muscle is exposed. This being divided with curved scissors, I restore the detached portion of conjunctiva to its place; this, by closing the wound, prevents the access of air, and obtains all the advantages of a subcutaneous wound. Experience has confirmed my preconceived notions of the theory; in the four operations I have performed, there has been no sign of suppurative inflammation.

"The result of these operations has been very satisfactory; but not so immediately advantageous as M. Dieffenbach observed. In one instance there was a complete and instantaneous restoration of the natural position of the eye, in the others only an amelioration. This circumstance appears to be a natural consequence of the true origin of strabismus. At one time the deviation of sight is originally muscular, and the result of spasmodic contraction in a single muscle; at another time the contraction is consecutive or even primitive; but it has simultaneously affected many muscles.."

On the Cure of Strabismus. By Dr. F. A. von Ammon.[1]—[In the great number of the papers written on this subject, it is scarcely to be expected that more than two or three remarks on each should be worth abstracting. In the present article, by the editor of the Monatsschrift, the following passages are worthy the attention of our readers]:

A principal point is the determination of the indications for the operation; and I think it the more important, because the whole history of the affection, notwithstanding the works of many excellent physiologists, is extremely obscure and uncertain. Nor could this be otherwise, when the abnormal position of the eye is in different cases so varied, and so often the consequence of diseased conditions of the brain, the abdominal nervous system, and of the globe itself. Here is a wide range for the production of the disease, independently of the cases which are produced by diseases of the orbit. No rational physician will expect to cure such a strabismus by myotomy; and the operation can be applicable only when the malposition of the eye is primarily dependent on the muscle, i. e. when there is a shortening of one of the muscles of the eye, which holds the eye to one side and limits its motions towards the other; but even here more than one condition must be laid down.

But unfortunately the necessary basis of the operation, pathological investigation, is at present absolutely and entirely deficient; no one has yet clearly convinced himself on the dead body that a shortened state of the muscle exists in squinting. The operation, however, may itself be made the means of investigating the nature of the disease; and here again, as has been the case with club-foot and wry-neck, surgery may be made the assistant of pathology.

With regard to the true orthopædics of the eye, i. e. its acquiring the right position after the operation, this consists in the constant endeavour and active exertion of the patient to give his eye the proper direction. A club-foot or a wry-neck would just as soon return to its right position after division of the tendons without assistance as a squinting eye will. A good method of insuring success is to tie up the sound eye; the eye that has been operated on then always moves to the centre of the orbit, and the longer it is kept there the more likely it is to remain. In few cases will this or some similar measure be unnecessary.

The author also suggests the propriety of endeavouring to make a subcutaneous, or rather a subconjunctival division of the muscle, which he believes would avoid all the inconveniences to which the present method is subject. He has performed it on the dead subject and on animals, and has no doubt it may be applied to actual cases of strabismus.

[1] Monatsschrift für Medicin, &c., June, 1840; and Br. and For. Med. Rev., Oct. 1840, p. 373.

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Art. I.—MEDICO-CHIRURGICAL TRANSACTIONS.[1]

[We adopt the following abstract of the valuable papers contained in the last volume of the Medico-Chirurgical Transactions, from the Edinburgh Medical and Surgical Journal.—Ed.]

We have much pleasure in giving early attention to the annual call, which we are happy to see that the respectable association, whose volume is now before us, continues to make upon our services; and we shall consider the papers in the order of the subjects of which they treat, beginning with those on Practical Medicine and Surgery.

The first communication on the former series is entitled *Notices of the Effects of Lead upon the System;* by James Alderson, M. A. and M. D., Physician to the Hull General Infirmary. In two cases, which came under the author's care, of young women employed in lead-works, of the respective ages of 25 and 18, who were affected with paralysis, the one both in the upper and lower extremities, the other in the hands only, there was the singular anomaly of complete loss of vision, which followed closely on the paralytic symptoms. After the ineffectual use of ordinary remedies, the author was successful in restoring vision, by the additional measure of bandaging up the eyes, day and night, for several weeks, so as entirely to exclude light. This plan he adopted from a supposed analogy with the successful employment of splints, in cases of loss of power of the extensors of the wrist and arms.

"The action of light," he observes, "is the proper stimulus of the retina, and its continued action whilst the nervous expansion is paralysed, is precisely similar to the continued extension of the extensor muscles of the arm and hand; as in this latter case, relieving the muscles from their continued extension by means of splints has been found to restore their suspended power, so it was, by analogy, to be supposed, that by removing the stimulus of light altogether from the eye, the power of vision would probably be regained."—P. 83.

The author offers some general remarks on the treatment of the various affections arising from the poison of lead on the system; and gives the case of a family in which that poison was introduced through the internal use of rain water, lodged in a leaden cistern, which was found to have varying quantities of lead in it, according as it had been recently disturbed, or long quiescent. The water, we are informed, was always filtered before use; but in this state it was sweetish, and afforded distinct evidence of the presence of lead. By other experiments, however, it is to be inferred, that filtration will deprive water of nearly all the lead contained in it, and exhibit that substance separately in the filter.

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[1] Published by the Royal Medical and Chirurgical Society of London. Volume xxii. being the 4th volume of the 2d series. 8vo. London, 1839.

The author seems to us to underrate very much the importance of opium in *colica pictonum*, and to carry his analogical reasoning rather too far, when he attributes that severe complaint to paralysis of portions of the intestine. If the paralysis which is found to be produced in some particular muscles of the body, by the poison of lead, were always, or even occasionally, attended with severe pain in the parts affected, there might thus be some degree of support afforded to the author's reasoning, which we would submit that it does not otherwise possess.

The next medical communication contains *Notices of the Occurrences at the Small-pox Hospital, London, during the year* 1838; by George Gregory, M. D., Physician to the Small-pox Hospital. The total number of persons admitted with small-pox in some of its forms was 695, of which 187 died, or 27 per cent., which is about 1 in 3⅗ds. Of the unvaccinated there died at the rate of 40 per cent., or 1 in 2½, which is in the same ratio as the deaths from small-pox in 1781. Of the vaccinated 8 per cent. died, or 1 in 12½; and the severity of the disease increased materially with age.

Much difficulty occurred in forming a correct conclusion, both in respect to such as had been or had not been previously vaccinated. In the former cases, the cicatrix was the chief guide; but it was not always a sure one; while the highly modified character of the disease in many of the latter afforded strong presumption of occasional prior vaccination. The principal results are given in a tabular form.

The next communication gives *a Statistical Account of Cholera in the Seamen's Hospital in* 1832; by George Budd, M. B., F. R. S., Physician to the Seamen's Hospital. In our account of the 21st volume of the Medico-Chirurgical Transactions, we had occasion to notice some interesting histories and dissections of several cases of cholera, by the author of this communication and his colleague, Mr. Bush. In the present paper, Dr. Budd gives some general deductions in reference to the statistics of that disease, of which we shall give a general abstract.

With regard to the mortality which occurred at different periods of this epidemic, the number of admissions increased during the months of June, July, and August; and the average mortality was 93 cases in 160, which is 58⅛ per cent., or 1 death to 1.72 cases. At first, the number of deaths was double the recoveries; but towards the end of the epidemic, about half the number only. In the Echo, cholera vessel, however, such disparity did not occur.

Mortality was much influenced by age; being least in persons between the ages of 15 and 30, and greatest in those above 50. Of 13, whose ages exceeded 53, not one recovered. Liability to the complaint was least between the ages of 20 and 30, but it increased much with advancing life, just as has been found by M. Grisolle to be the case with susceptibility to the poison of lead. Deranged health he likewise found to be unfavourable to recovery; for the proportional mortality was greater in persons affected with cholera who belonged to the hospital ship, the Dreadnought, than in those who were previously healthy. Much diversity occurred in the proportional diffusion of the disease in different epidemics; and in the Donor, which was fitted up precisely as a cholera ship, not one of the medical gentlemen or nurses took the complaint; though one of the former and three of the latter lived on board, and many examinations were continually conducted there, and in very ill ventilated cabins. The author, indeed, states the very satisfactory fact, that not a single death occurred among the medical officers of the Dreadnought, or of the cholera hospitals connected with it, during the whole existence of that disease in London.

The last of the medical papers contains *Cases of Measles, occurring oftener than once in the same individuals;* by John Webster, M.D., Consulting Physician to the St. George's and St. James's Dispensary. In the first of these cases, the author attended the patient in a regular attack of measles when 2 years old, and again about two years afterwards. In the second the patient, a young lady of 15, had measles regularly under the author's care, but was reported, on evidence which he had not the smallest reason to doubt, to have had the disease twice before; the first time at Madras when four years of age, and the second at Blois six years afterwards.

Another instance of a similar kind is mentioned by the author on the authority of Dr. Forbes, of Argyle street.

The first of the surgical papers is a *Case of Malignant Disease, occupying one half of the Tongue, in which a Ligature was applied from beneath the Jaw;* by James M. Arnott, Surgeon to the Middlesex Hospital. The subject of this very creditable operation (which was suggested by one performed by M. Jules Cloquet and M. Mirault respectively, in two cases of cancer of the tongue,) was a young woman of 15, who had a tumour about the size of a pullet's egg, of a purple hue, which occupied the right half of the tongue, extending from nearly half an inch of the apex to the *isthmus faucium;* and reducing, by compression, to a narrow slip the width of the left or sound half of the organ. It began at about nine years previously, in a blue swelling, about the size of the tip of the finger, which remained stationary till the last six weeks, when it rapidly increased during the use of pills, which she took for fits with which she had been attacked, but which produced no affection of the mouth. It measured two inches and a half in length, one inch and a quarter in breadth, and one inch and a half in thickness; was covered posteriorly by warty excrescences; and when drawn forcibly to the left side, allowed the boundaries to be traced by the finger under the arch of the palate, where sound structure could be felt beyond it.

The operation was performed on the 6th of June, 1838, in the following way: "The patient being seated, the head slightly extended, and the *os hyoides* felt, an incision was made from over it upwards and forwards, an inch and a half in length in the mesial line, through the skin, cellular substance, and raphe, of the mylohyoid muscles. With the edge of the knife, but chiefly by its handle, way was made for the finger between the two *genio-hyoid* and the two *genio-glossi* muscles. A tenaculum was next passed through the apex of the tongue, by means of which it was drawn out of the mouth, and held so during the subsequent part of the operation by Mr. Mayo, (Mr. Tuson, Dr. Warren of Boston, U. S., and Mr. B. Phillips, being likewise present.) Into the wound in the neck a strong needle with an eye at the point in a fixed handle, was now conducted, and passed through the basis of the tongue into the pharynx, a little to the left of the mesial line: the loop of ligature which it carried was then, by means of a blunt hook, drawn forwards out of the mouth, and the needle withdrawn from the wound over one of the ends. The loop being cut, two ligatures were obtained; one of these was placed along the upper surface of the tongue, so as to bound the disease on its left side, and carried through the apex of the tongue from above downwards by means of a large curved needle, through which the oral end of the other ligature was now also passed. Fixed in a porte-aiguille, this needle was next carried through the floor of the mouth immediately behind the last molar tooth, on the right side, directed at first, and for the greater part of its course, perpendicularly downwards, then inclined mesial, and brought out at the incision in the neck. There were thus two ligatures, the four ends of which hung out of this wound; one of the loops was so disposed as to encircle the right half of the tongue at its basis beyond the tumour; the other was placed longitudinally on the upper surface of the tongue, longitudinally and obliquely below. Being tied, (and this was done as tightly as possible,) the diseased mass was circumscribed posteriorly, laterally, and in some measure inferiorly. A third ligature was now passed through the fore-part of the tongue, so as to isolate at this point the diseased from the healthy structure."—Pp. 23–25.

The operation was well borne; and the patient, for a fortnight, had food and medicine conveyed into the stomach solely through an elastic gum catheter, introduced into the œsophagus along the left side of the mouth. The strangulation of the diseased part not being completely effected by the ligatures, it was found necessary, on the fifth day after the operation, to endeavour to tighten them, by carrying a canula over them. The plan, however, did not answer; but on the twelfth day, the author succeeded in his object, by means of a loop of silver wire, which effected the death of the part, and produced separation on the fifth day from its employment. The process of cicatrisation went on favourably; and on the 10th of July, the patient left the hospital. There was no appearance of a recurrence of the disease after a lapse of sixteen months; and a stranger would not discover, by her speech, that she had lost so large a portion of the tongue. He would merely remark that she lisped.

The following communications follow in the surgical division:

Case of Fracture of the Coracoid Process of the Scapula, with Partial Dislocation of the Humerus forwards, and Fracture of the Acromion Process of the Scapula; by John F. South, Esq., Assistant Surgeon to St. Thomas's Hospital. The title of this paper sufficiently describes the nature of the injury, which was satisfactorily made out by examination after death. A notice is appended of a fractured coracoid process, which came under the notice of Mr. Arnott, at the Middlesex Hospital.

Case of Aneurismal Tumour in the Orbit, cured by tying the Common Carotid Artery; by George Busk, Surgeon to the Seamen's Hospital, Dreadnought. This was the case of a seaman of 20 years of age, who, by a severe blow on the head, became for some time insensible; had hemorrhage from the right ear, and deafness in that organ; swelling in the eyelids and integuments of the left eye, with fixed dilatation of its pupil; incapacity to move its globe: and slight paralysis and feeling of numbness on the left side of the face. Purulent discharge took place on the right ear, which continued some time; and soon afterwards pain in the left eye, and deposit of purulent matter between the laminæ of the cornea, which was discharged by ulceration. In about four months from his accident, he had small-pox; and on his recovery, and return from the Small-pox Hospital, (to which he had been sent,) the eye was found to be prominent, and to have a large and irritable ulcer on the cornea. The deafness continued, with *tinnitus aurium*, and the paralytic affections of the globe of the left eye and muscle of the face remained unabated.

Some improvement took place, after some weeks, in the ulceration of the cornea and general health; but a distinct pulsation was then discovered in the globe of the eye, which was found to proceed from a firm pulsating tumour, in the upper and inner part of the orbit, within the superciliary ridge. The eye was hot and uneasy, and the patient was much troubled with loud noises in the head, but no pain. Pressure on the left common carotid put a stop to the pulsation and noises; and hence the author inferred the existence of a common cause, and this most likely an aneurism of some vessels within or close upon the orbit. An operation was determined upon, and the common carotid was accordingly tied in the usual place and manner. The patient went on favourably; and in about two months was discharged cured. The ulcer of the cornea was healed, and the noise in the head ceased; but the paralysis of the eye and face continued; and the deafness was very singularly transferred from the right to the left ear.

The author is disposed to consider the affection now mentioned as arising from true aneurism, rather than aneurism by anastomosis; and he gives a similar case, which occurred to Mr. Scott at the London Hospital, in which protrusion of the right eye took place after a fall into a ship's hold. During the patient's treatment, the prominence increased, pulsation became evident; and on the accidental occurrence of profuse arterial hemorrhage from the nose, which was found to be commanded by pressure on the common carotid artery, that vessel was immediately secured. The protrusion of the globe, by this means, "directly receded in a great degree, and its prominence afterwards gradually diminished."

Statistical Notices of One Hundred and Twenty Cases of Carcinoma Uteri, with Remarks; by J. C. W. Lever, Esq. The principal deductions made by the author in respect to this formadable disease are the following: but we are not informed as to the locality in which the cases occurred. The period of life most obnoxious to *carcinoma uteri* was from the fortieth to the fiftieth year. Of the persons affected 5 per cent. only were of unmarried women, and 7 per cent. of widows (who, we presume, had early became so), while 86 per cent. were of married women: thus refuting the idea that celibacy favours the development of the complaint; 34 per cent. were married between the ages of 15 and 20; 36 per cent. between the ages of 20 and 25; 20 per cent. between the ages of 25 and 30; and 1½ per cent. only occurred between that period and 45; fractions in all cases being put aside. Ten barren women, or about 8 per cent., occurred out of 113 who were married; and an average offspring of about 5¾ each to the 103 bearing women. The abortions were 2½ each on an average among 40 who had miscarried; or near 17 per cent. of the whole of the conceptions among the 103 child-bearing women—20 per cent. of the affected were of fair, 79 of dark complexions.

Only 20 per cent. were of persons whose uterine health was good in early life. In 15 per cent. the patients suffered from amenorrhœa; in 54 per cent. from dry amenorrhœa; and in 2½ only from other uterine diseases.

Death occurred in 107 cases; the average duration of the complaint being 20¼ months; and the great majority being between the bounds of 19 and 22 months. The register of the obstetric out-patients of Guy's Hospital, we are informed by the author, exhibit the proportion of 1 in 7, or nearly 13 per cent. of cases of *carcinoma uteri* to other uterine disease.

His remedial views on the subject the author will give on some future occasion.

Remarks on the Acute Form of Anasarcous Tumour of the Scrotum; by R. Liston, Esq., Surgeon to the North London Hospital, &c. In the diffuse watery tumour of the scrotum, which is a frequent attendant on general dropsy, Mr. Pott points out the danger of unloading the cellular texture by free incisions, and advises the employment of punctures only. In a class of cases which have come under the author's notice, of rapid distention of the scrotum, with serosity, he found that the complaint was only to be arrested by early and free incisions.

"This distention is or is not attended by redness or erythema of the surface; but there is reason to think, from the suddenness of the accession, and from the appearances on exposing the cellular tissue, that there is no actual inflammation of its texture; there being no induration, nor any appearance of lymph or puriform fluid in the areolæ.

"The affection has generally supervened upon abscess or ulcer, perhaps trifling, in the perinæum or groin. Its accession has been sudden, the swelling and tension becoming very great and alarming, even within a few hours. The most dependent part, generally the posterior, will be found at a very early period to present one or more deeply-seated ash or tawny-coloured spots; these extend; the integument is speedily involved; and, unless active measures be adopted, the entire coverings and investments of the testicles will be destroyed, and these organs exposed."—Pp. 289–90.

The author gives particulars of six cases in exemplification of the practice which he recommends.

Remarkable Case of Dry Gangrene occurring in a Child three years and seven months old; by Samuel Solly, F. R. S., Lecturer on Anatomy and Physiology, and Lecturer on Comparative Anatomy at St. Thomas's Hospital. This interesting case was of a boy three years old, whose feet became of a blackish purple colour, and soon exhibited sloughs, which extended over the left foot, and produced an amputation of it in about four months.

Three months from the first attack, the upper extremities became affected, and when Mr. Solly saw the child two months afterwards, the following were the phenomena observed:

"His right fore-arm was gone, having been partially amputated by nature at the elbow-joint by the disarticulation of the radius, though the ulna had been divided lower down, opposite a point which might be seen in the detached radius, as at that place the bone was thinner, a portion of its surface having been removed by absorption, where the line of separation had first commenced. The slough had extended above the elbow-joint, where nature appeared to be making a second attempt at amputation, from the distinct though comparatively pale line of ulceration between the living and dead portions of the limb.

"The whole of the left fore-arm, and about half the upper arm, was in a state of dry gangrene; but there was a distinct line of separation in the upper arm.

"The foot of the left leg was completely removed just above the ankle-joint, between the epiphysis and the shaft of the tibia and fibula, leaving the extremities of the bone exposed, the soft parts presenting a surface healthy and granulating in one part, but sloughy in another.

"On the right foot the phalanges of the second and third toes had been removed by the same unsparing hand, the stumps having a healthy cicatrix; but on the calf and knee of the leg there were livid spots. Such was the extraordinary appearance of this poor little child the first time I saw it. The pulse in the carotids was 140, feeble, easily arrested, but distinct to the eye.

"The action of the heart more feeble than natural, but unaccompanied by any unnatural or irregular sound. The mother observed that, when every thing was quiet at night, it sounded as loud as the ticking of a watch.

"The intellects were perfect, and the child, on the whole, wonderfully quiet and tranquil, but complains much of feeling cold unless close to the fire."—Pp. 256-257.

The process of healing went on under proper support, and when Mr. Solly saw the child again, about three months after his first visit, he found that "nature, unassisted by the surgeon, had amputated the three extremities, and formed stumps which might shame many formed by the operator's knife. The stump of the right arm was as perfect as could be desired; the bone in the left projected slightly, but was in the course of removal by absorption. The stump of the left leg was nearly healed, with a very slight granulating projection opposite the bone. The child's health was much improved, his spirits good, and he was freer from pain."—P. 265.

A drawing is given of the appearances of the limbs at Mr. Solly's two visits; and he considers the progress of the disease to have been identical with what is usually observed in senile gangrene.

On the Structure, Physiology, and Pathology of the Persistent Capsular Investments and Pulp of the Tooth; by Alexander Nasmyth, M. R. C. S. In this paper, which is principally of a physiological character, the author's attention is directed to the third or eruptive stage of dentition; the two first stages, the follicular and saccular, having been sufficiently treated of by different physiologists previously.

The author is disposed to consider Cuvier in error, when he represents the cutting of a tooth as a process of disruption instead of absorption; and he was led to regard the common opinion as ill founded, where the enamel was thought to possess, after protrusion, no external covering whatever. The consideration of the existence of *crusta petrosa* on the enamel of the teeth of some animals, as a dense protecting investment, led him to doubt whether there might not be something of analogy in those cases where the enamel appeared entirely bare.

Some years ago, after subjecting the human teeth to the action of acid, he observed detached portions of membrane floating on the surface of the solution, which were found to be exceedingly delicate, easily separable, and continuous into the chamber of the tooth, with the structure covering the fang. He succeeded in tracing this as a distinct coat or capsule, from the fangs, over the whole crown of the tooth; and has given it the name of the *persistent dental capsule.* Though this membrane is soon torn by attrition, yet it is at any time capable of being readily detected in shreds after the maceration of a tooth in muriatic acid, diluted to one eighth of its original strength. It then bears the appearance of the capsule of an unobtruded tooth, being fibrous externally, and reticular internally; its earthy deposit (supposing any existed in it, which, from a subsequent passage, seems doubtful,) having been entirely removed. The author's general conclusion on the subject, therefore, is, that the enamel and body of human, and all other teeth, simple as well as compound, is covered by a distinct capsular investment, and that this is converted in some animals, as the Ruminantia, into *cementum* or *crusta petrosa*, by the deposit of earthy matter in its substance. The only writer who is known to the author as having approached to a correct knowledge of this cortical substance is Fraenkel, who, in an inaugural dissertation, published in 1835, states, that he had observed a continuation of a thickened cortical substance from the body of the tooth to the enamel, in a small portion of which a single layer could be readily removed.

The author has likewise satisfied himself of the existence of a distinct layer of substance, externally to the *crusta petrosa*, when that is considerable, which varies in thickness with the thickness of the petrous crust, and may, he thinks, be possibly a cartilage of it.

The capsular investment on the fangs of the teeth, which forms the second section of his subject, is covered with a thin crust in those animals which have a *crusta petrosa;* but in man, the osseo-membranous covering is much thicker round the fang than round the enamel, and increases in size with the age of the individual. The capsular investment he considers as the principal agent in producing absorption of the fangs of the deciduous teeth, on the application of adequate pressure from the ascending permanent ones; when that pressure does not take effect, the deciduous teeth remain firm, without limit to their persistence; but when from disease of the fangs, and consequent affection of their investing membrane, absorption does not take place, the fangs of the temporary teeth only partially disappear, while a part of them remains wedged between their permanent successors, so as to render disengagement very difficult. Cuvier and Rousseau are quoted by the author, as being of opinion that pressure produces destruction of the temporary teeth, by removal of their nutriment; while, on the other hand, it is only by exciting the action of the contiguous membrane, which, in some circumstances, may even produce absorption of the fangs of the permanent teeth, though in a less perfect manner, that this process is accomplished. It sometimes happens that the investing membrane assumes a morbid action, and throws out an enlarged growth of cementum, or exostosis. This disposition may be induced by exposure to the atmosphere; by partial destruction of the membrane; by the irregular pressure of antagonist teeth, or want of pressure from their absence.

Whether the absorption of the alveolar processes following the exhibition of mercury, or other mineral medicines, be the work of the investing membrane, the author has not satisfied himself. Alveolar abscess sometimes takes place suddenly, from death of the fang and destruction of its membrane, and whenever disease attacks the latter to any considerable extent, extraction of the tooth is the only effectual remedy.

The third section of the author's subject is the pulp of the tooth, which is a continuation of the capsular membrane, and on which depends the growth of the tooth, or the increment of solid matter of which it may be composed. When the growth of the tooth ceases, the primary function of the pulp is over; but when growth is unlimited, vitality is preserved, and the function goes on. Under various circumstances of disease, whether in animals whose teeth are of limited or unlimited growth, the pulp often becomes osseous, and thus loses its original character. In some animals, however, there is an interstitial osseous deposit, which the author is disposed to consider a fourth natural constituent, in addition to the ivory, or body of the tooth, the enamel, and the *crusta petrosa.*

The author promises to go on with his researches.

[To be continued.]

ART. II.—MEDICAL REPORT OF THE WESTERN LYING-IN HOSPITAL AND DISPENSARY, 31, ARRAN QUAY, DUBLIN.[1]

BY FLEETWOOD CHURCHILL, M. D.,

Licentiate of the King and Queen's College of Physicians in Ireland, Lecturer on Midwifery, &c., and Physician to the Hospital.

During the past year, from January 1, 1839, to December 31, 1839, inclusive, 436 females have been attended; of these 111 were delivered in the hospital, and 325 at their own houses.

From this number we must deduct 18 cases of abortion, which will leave 418 cases of labour.

The number of children born amounted to 425, (254 were males, and 171 females,) 38 of which (26 males and 12 females,) were still-born, or died immediately after birth: of these latter

10 were premature.
5 were breech presentations.
4 were footling do.
2 were arm do.
In 3 the funis prolapsed.
4 were crotchet cases.

The ages of 415 of the patients were ascertained as accurately as possible:

42	were under	20 years of age.
101	between	20 and 25 years.
126	between	25 and 30
71	between	30 and 35
57	between	35 and 40
18	between	40 and 45.

The entire duration of labour was as follows in 309 cases,

In 94 it was under	6 hours.	In 10 it was under	48 hours.
92	12	8	60
75	24	4	95
25	36	1	110

The period which elapsed between the commencement of labour and the rupture of the membranes was noted in 328 cases:

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[1] Edinb. Med. and Surg. Journal, 1840, p. 394.

In 40 cases it was	under 2 hours.	In 5 cases it was	under 30
107	about 6	4	38
70	10	3	40
43	14	2	50
31	18	3	60
11	22	3	70
9	26	1	80

In the same number of patients the interval between the rupture of the membranes and the birth of the child was as follows:

In 179 cases it was	under 1 hour.	In 12 cases it was	under 15
42	about 2 hours.	5	20
37	4	4	28
34	6	3	35
12	8	2	40
5	10	1	96

From the birth of the child to the expulsion of the placenta, there elapsed

5 minutes	in 74 cases.	40 minutes		in 10
10	81	50		2
15	60	60		14
20	30	From 1 hour	to 2 hours	in 9
25	11	2	3	5
30	14	3	4	4
35	9	5	6	1

In 394 cases the presentation was as follows: In 375 the head presented; 10 the breech; 5 the feet; 3 the arm; 1 the head and arm.

There occurred 7 twin cases. Their sexes and presentations were as follows:

No.	Sexes.	Presentations.	Results.
1.	2 females.	Both head presentations.	Both saved.
2.	Male and female.	Both hand do.	1 saved, 1 putrid.
3.	2 males.	1st foot, 2d head do.	Do. do.
4.	Male and female.	Both head do.	Both saved.
5.	Do.	Do. do.	1 putrid, 1 saved.
6.	Do.	1st head, 2d arm do.	Both saved.
7.	Do.	Both head do.	Do. do.

In 10 cases hemorrhage occurred between the birth of the child and the expulsion of the placenta, in 6 of which manual extraction was necessary. Five of these patients recovered, and one died of peritonitis.

Two patients were attacked with convulsions after labour, one died in a few hours, the other recovered.

Version was performed three times; twice in one of the twin cases; the mother and one child were saved, the second child was putrid.

In the third case both mother and child were saved.

The forceps were applied in one case, the child was putrid, but the mother recovered.

In 4 cases craniotomy was performed. All the women recovered.

Of the 436 cases 3 died, or 1 in 145.

The following tables will show the length of the first and second stages in certain cases, with the results.

Ten cases of labour of thirty-five hours duration.

	1st Stage.	2d Stage.	Results to Mother.	Results to Child.
In 10 cases,	33 hours,	2 hours,	Favourable,	Favourable.
2	31	4	do.	do.
2	27	8	do.	do.
1	24	11	do.	Still-born.

Five cases of forty-six hours duration.

			Results to	
	1st Stage.	2d Stage.	Mother.	Child.
In 2 cases,	42 hours,	4 hours,	Favourable,	Favourable.
1	45	1	do.	Unfavourable.
2	40	6	do.	Favourable.

In three cases of fifty-five hours duration.

			Results to	
	1st Stage.	2d Stage.	Mother.	Child.
In 3 cases,	48 hours,	7 hours,	Favourable,	Favourable.

I shall now give an abridgment of the more important cases from the hospital case-book.

Case 1. *Apoplectic Convulsions.*—Ellen M'Donnell was taken in labour of her fourth child, August 2, and was delivered at 2 a. m. August 3, after a natural labour of ten hours. Mr. Speedy was sent for a few hours afterwards, and on his arrival he found her in a comatose state, with respiration stertorous, pupils insensible to light, &c. Active antiphlogistic treatment was promptly adopted, but she died during our visit at 1 p. m. of the same day.

Case 2. *Epileptic Convulsions.*—Julia Short, aged 17, was delivered of her first child, November 20, after a natural labour of eleven hours. After the expulsion of the placenta she had a slight convulsion, which lasted a few minutes, and then ceased. The fits returned repeatedly in the course of the day, but her friends neglected to send to the hospital, and we consequently did not know it until the pupil who attended her paid his evening visit.

She was immediately visited by Mr. Speedy and myself. We found her insensible, and were informed that the fits returned every half hour, and were evidently epileptic. Her face was flushed, her head hot, with a frequent and full pulse. She was immediately bled largely from the arm, and a purgative bolus and enema ordered. Mr. Speedy visited her at 12 o'clock that night, and, finding that the fits had returned and the pulse still quick, he untied the arm and took away more blood.

November 21, 11 a. m. Convulsions continued through the night, though less frequently; pulse quick and full. *Venesectio ad* ℥xii.; blister to the head and neck; castor oil draught. During the day, the fits were less violent and the intervals longer, but the insensibility continued. In the evening, she seemed occasionally conscious, and she swallowed more easily. Ten ounces more blood were taken, with immediate benefit; fits diminished greatly in violence and frequency, and soon ceased altogether. After this time she recovered rapidly.

Cases 3 and 4. *Version Cases.*—These presented so few peculiarities that I shall not detail them. One of the women had had six children previously, five of whom presented with the hand or arm, and as this was a double arm presentation, (she having twins,) it made seven times that she had undergone the operation of turning. She recovered quite well.

In the other case, the child was saved and the mother recovered.

Case 5. *Forceps Case.*—Mary Dannelly, aged 40, was taken in labour of her first child, April 3. The pains were ineffective for many hours, but they increased the next day, and at 12 p. m. April 4, the waters broke, and the head descended. The pains continued during the night and next day, but did not advance the labour. In the afternoon of the 5th April, I found her pulse quick, skin hot, tongue dry, &c., and it was evident that there would be danger in delay. I therefore applied the forceps, and delivered her easily and without injury. The child was putrid. She recovered well.

Case 6. *Craniotomy.*—Mary Proudfoot, aged 40, of small stature, was seized with labour, January 30, at 11 p. m. At 10 a. m., February 1, Mr. Speedy saw her; the waters had been evacuated, but the *os uteri* was thick, rigid, and undilated; the head presented, and the pulse was quiet. Purgative medicines were given.

At 10 P. M. she was in much the same state, the pains frequent, but not very strong. Tartar emetic was given, with the view of relaxing the *cervix uteri.*

Feb. 2. *Os uteri* still rigid and undilated, though the pains were frequent during the night. Feels wearied for want of sleep; pulse 100 and strong; skin rather hot. *Venesectio ad* ℥xvi.

Feb. 3. The pains improved in strength and frequency after the bleeding, but they prevented sleep, and the patient is consequently much exhausted. The *os uteri* is but little dilated, so that the head remains above the brim of the pelvis. For the purpose of procuring rest, a full opiate was now given, which obtained two hours sleep. The pains then recurred, and continued during the day, and she became feverish, with quick pulse, &c. After consultation with Dr. Darby, although from the condition of the patient delivery was very desirable, yet, as it would be very difficult to accomplish it in this stage, it was resolved to wait until morning, unless the unfavourable symptoms should increase. The opiate was repeated.

Feb. 4. The condition of the patient not improved; pulse 130, with much fever, and but little relaxation of the *os uteri*, though the pains had wedged the head (covered with the cervix) into the upper outlet. It was evident that the operation could not be longer delayed without great risk, and therefore Mr. Speedy proceeded at once to perforate the head and extract the child, which was not accomplished without the greatest difficulty. It was necessary to eviscerate the body as well as empty the cranium. The operation occupied three hours. The child weighed 15 lbs. The patient had afterwards a slight attack of peritonitis, which was subdued by the usual remedies, and she ultimately recovered.

CASE 7. *Craniotomy.*—Rose Bentley, aged 24, taken in labour, February 9th, at 7 A. M. The waters were soon afterwards discharged; the head was found presenting, and the pains were strong and frequent. About 3 P. M. the head descended into the cavity of the pelvis; and at 7 P. M. had made no further advance, notwithstanding very severe and frequent pains. Pulse 80, but intermitting; neither headache nor fever.

I was sent for at 11 P. M., and found the patient in the condition first described, and, as the general condition was favourable, I did not think it right to interfere, although the head had made no advance for eight or nine hours.

Feb. 10, 5 A. M. We were summoned to the patient in consequence of her condition having become worse. The pains had continued strong for some hours after our last visit, but latterly became weaker; the pulse had risen, and there was much constitutional suffering. The head had not advanced, and it was evident that the natural powers were inadequate to the delivery.

I attempted to use the forceps, but found the head so impacted in the pelvis, that the blades of the instrument could not be introduced. This being the case, I at once perforated the head and extracted the child. The woman recovered well.

CASE 8. *Craniotomy.*—Mrs. Tully, aged 20. Labour commenced at 10 A. M., May 4, and the membranes gave way immediately. The pains continued strong during the day and in the evening; the head descended into the pelvis. The pains were incessant during the night.

May 5th, 11 A. M. Pulse 100; patient complains of headache; skin hot; some abdominal tenderness; no advance of the fœtal head. The urine was drawn off, and a purgative enema given.

A consultation with Dr. Darby was held in the evening. The labour had made no advance. The patient was in a state of high excitement, with headache, quick pulse, and much fever. It was determined to deliver by craniotomy, which Mr. Speedy accomplished with facility. The placenta was afterwards extracted. The woman recovered.

Case 9. *Craniotomy.*—Eliza Doran, aged 40. Labour commenced at 9 a. m., October 31, followed by rupture of the membranes and suspension of uterine contractions.

September 1, 11 a. m.; the pains returned strongly and frequently, the head presented, and the condition of the patient was good. The head descended into the pelvis in the afternoon, and then remained stationary.

September 2, 1 p. m. Very little advance has been made, and the constitution is beginning to suffer; the pulse is quick, the tongue dry, and the patient restless. A consultation was held, and it was deemed safe to wait a few hours to give a fair trial tc the natural powers.

In the night her condition became more unfavourable, and we were again summoned. It was evident that delivery could no longer be delayed with safety. The forceps were applied, but the head could not be moved, and therefore the head was perforated by Mr. Speedy, and the child extracted. She was attacked with hysteritis afterwards, but was relieved by the usual means.

Case 10. *Puerperal Peritonits, fatal.*—Mary Dunne, aged 36, admitted into hospital on Friday, April 23. Her labour could scarcely be said to have fairly commenced. She had occasional pains for some days, for which opium was given, as they deprived her of rest without dilating the *os uteri.* During this time her mind was anxious and depressed, and her pulse rather quicker than natural.

On Saturday, April 27, true labour-pains came on, and on Sunday morning at 6 o'clock she was delivered of a living female infant. Before the placenta was expelled, alarming hemorrhage came on, and Mr. Speedy removed the placenta manually. The flooding was arrested, but not before it had blanched the patient, and reduced her to an almost lifeless state. By the diligent exhibition of stimulants, reaction was produced, and the patient appeared likely to do well, until Monday evening, when she became slightly delirious, with very quick pulse, but no abdominal tenderness. On Tuesday morning, these symptoms had subsided, but towards evening they returned worse than before. The pulse was very quick; the respiration hurried; the abdomen swollen and tender; and the countenance anxious and collapsed; with delirium, &c. All the most appropriate remedies were tried, but with no effect, and she died on Wednesday, at 10 a. m.

Post mortem examination twenty hours after death.—A quantity of serum with flakes of lymph was found in the peritoneal sac, and a degree of vascularity of the serous membrane itself. The uterine veins contained purulent matter, but the substance of the uterus was healthy; the right ovary was dropsical; the other viscera were sound.

This poor woman had been very anxious for some time previous to labour, on account of a situation for which she was a candidate, and this may have had an unfavourable effect upon the labour.

The notes of the third fatal case have unfortunately been lost.

Art. III.—CASE OF ADIPOSE SARCOMATOUS TUMOUR IN THE ANTERIOR MEDIASTINUM, WITH REMARKS.[1]

BY J. MOORE NELIGAN, M. D., CORK.

George Attenborough was admitted into the county Tipperary Jail Hospital at Clonmel, April 30th, 1838; a private soldier of the 19th regiment of foot, aged 21, with light hair and delicate complexion, slender in person, and a narrow, contracted chest. He complains of a difficulty of breathing, with some pain in his chest, which is not increased on taking a full inspiration. Has had cough without expectoration for the last three months, and which affected him principally on rising in the morning, and for some time afterwards. There is dulness on percussion in the infra-clavicular regions on both sides, and the respiratory sound is somewhat bronchial.

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[1] Edinb. Med. and Surg. Journal, 1840, p. 372.

On admission a blister was applied to the sternum, and he was ordered a mixture containing tartrate of antimony in solution.

May 5th. Since last report he has continued to mend, and the pain of chest and difficulty of breathing have nearly disappeared. Ordered to use the tartar emetic ointment night and morning, until an eruption was produced on the chest.

May 7th. This morning Attenborough drew my attention to a tumour, which he said he had perceived for the first time on the previous evening. It was situated at the top of the sternum, filling up the space between the sterno-clavicular articulations, and about the size of a large walnut. As he was of a scrofulous habit of body, and the swelling had the appearance of a glandular enlargement, I ordered him to take twenty drops of the tincture of iodine three times daily, and to rub a small portion of the following ointment over the swelling night and morning:

℞. *Iodinii grana duodecim; Hydriodatis Potassæ, drachmam unam; Adipis præparatæ, sesquiunciam. M.*

May 12th. Since last report the swelling has considerably increased, and the alæ of the thyroid gland are very much enlarged. He complains that the difficulty of breathing has again returned; but says that it is not caused by the swelling, and points to a spot over the *os hyoïdes* as the place where he feels the obstruction to exist. He also says that he finds great difficulty in swallowing, particularly liquids.—*Continuentur medicamenta.*

May 14th, six o'clock, A. M. I was sent for to see Attenborough, as the nurse thought that he was dying of suffocation. On arriving at the hospital I found him sitting up in bed gasping for breath; the veins of the face and neck swollen, the extremities cold, and the pulsation of the radial artery at the wrist to be felt with difficulty. I immediately proposed opening the larynx; but he refused to submit to any operation, and as, from the situation of the swelling, I was doubtful as to the relief which would be obtained, I did not persist. A blister was ordered to be applied to the throat, and he was directed to take five grains of blue pill every six hours.

Eleven P. M. He has passed the day pretty well until about half an hour since, when he was seized with a return of the paroxysm. He jumped out of bed and ran to the window, crying out for air. He inspires now with the utmost difficulty, and grasps his throat with his hands. His lips are livid, and the circulation seems to have nearly ceased in the extremities; but he still resolutely refuses to submit to any operation.

He was ordered to have immediately a draught consisting of a scruple of laudanum, half a drachm of sulphuric ether, and half an ounce of camphor mixture; and the same to be repeated in the course of four hours.

15th, 10 A. M. He appears somewhat better this morning, and since taking the second draught has had some sleep; but the difficulty of inspiration is still very great. The blister has risen well, and there is a free discharge from the surface. Half a drachm of the mercurial ointment to be rubbed into the inside of the thighs night and morning. Pills to be continued.

Seven P. M. Breathes rather easier, but has had a slight return of the paroxysm in the course of the day. Complains of a constant short cough, with no expectoration.

16th. Spent a better night. The gums are tender. Mercurial inunction to be discontinued; pills to be taken twice daily.

17th. Passed a tolerable night. No return of paroxysm; but complains of great difficulty of breathing, with a sense of impending suffocation, which he, for the first time since his illness, states to arise from the pressure of the tumour. Pulse 120, small and feeble; tongue clean, moist; bowels freed twice during the night; blistered surface discharging freely. Iodine drops and mercurial pills to be continued.

18th. Has slept well during the night; breathes much easier, although the tumour is still increasing. Pulse 100, fuller than yesterday, but still weak; tongue clean, moist; three motions since last visit; gums tender; no discharge as yet from salivary glands. Pills to be taken three times daily.

19th. A good night; breathing easier; pulse 98, as yesterday; tongue clean, moist; bowels regular; salivary glands a little affected. Pills to be continued.

20th. Has had a return of the difficulty of breathing during the night, caused, he states, by the pressure of the tumour, which is increasing rapidly; but no feeling of fluctuation can be discerned after the most careful examination. Discharge from salivary glands has ceased, and he complains much of dryness of the mouth and fauces; pulse 108, small, feeble; tongue clean, dry, of a bright red colour; bowels natural; mercurial inunction to be used twice daily as before.

21st. Difficulty of breathing much increased; was troubled with cough and pain in the side during the night. Towards morning spit up purulent matter streaked with blood. Other symptoms as yesterday.

℞. *Hydrargyri Iodidi, grana tria; Extracti Hyoscyami scrupulos duos. M. Divide in Pilulas duodecim; unam ter in die sumendam. Repetatur infrictio unguenti Antimonii Tartarizati.*

22d. The difficulty of breathing has increased so much since yesterday, that he has been unable to procure any rest, and the least motion causes a feeling of suffocation. The pulse cannot be felt at the wrist, and he appears to be sinking. He suffered much from this time until 12 o'clock at night, when he died, retaining his senses until a few moments of his death.

Inspection fourteen hours after death.—An incision was made from the *os hyoides* to the sternum, and the skin and superficial fasciæ carefully dissected, so as to expose the tumour, which was apparent during life. It was found to be deep-seated, and closely enveloped by the muscles, which were partly converted into adipose tissue. To expose it more fully, the sternum and cartilages of the ribs were removed. A large tumour was now seen filling up the anterior mediastinum, being firmly attached, anteriorly to the under surface of the sternum, from which it was with difficulty dissected, posteriorly to the pleura and pericardium; which was much thickened, and imbedded in the substance of the tumour. Superiorly the thyroid gland was pressed upwards by it, and inferiorly it had firm attachments to the diaphragm. It extended to either side about an inch beyond the union of the bones and cartilages of the ribs.

The tumour, with the larynx, heart, and pericardium, was now removed from the body. Two quarts of a transparent greenish fluid were contained in the left side of the chest, and one quart in the right. There were no adhesions between the lungs and pleura, nor were there any marks of inflammation present. The lungs and bronchial tubes were healthy throughout, except at the origin of the left bronchus, where were two small openings communicating with glandular bodies containing purulent and tubercular matter. The trachea was inflamed internally where it was pressed upon by the tumour, and at the origin of the bronchial tubes its diameter was considerably lessened by a tendinous band which surrounded it internally. The larynx was healthy, nor was there any appearance of its having been at any time diseased.

No fluid was found in the cavity of the pericardium; but the surface of the heart was covered with granulations, seemingly as if the process of ulcerative absorption had been going on for some time, in consequence of the pressure to which it was subjected. On cutting into the left ventricle, its parietes were found considerably reduced in thickness, and at the apex the muscular fibres were converted into fat; the right ventricle was somewhat thicker, but its cavity, as also the cavities of both auricles, were much smaller than natural. The valves were all healthy, but there was a blush of redness in the inside of the aorta, the calibre of which vessel was much reduced. The tumour measured 14 inches in length, and 4½ in breadth, and weighed, with the heart, 4½ pounds.

The viscera of the abdomen were all healthy.

The consideration of the symptoms which were developed in the case of Attenborough, affords much that is interesting and instructive, as well from the novelty of the disease, as the difficulty which was experienced in forming a diagnosis. The growth of a tumour of any description within the cavity of the chest is of very rare occurrence, and there are but few such cases on record. An account, then, of one in which the tumour acquired so great a magnitude, and with so little disturbance to the animal economy until a short period before death, cannot fail to be an important addition to the science of pathology, which has latterly become so important a branch of medical knowledge.

I regret much that I have been unable to trace the previous history of this case, further than the account which the patient himself gave me, that, previous to his confinement in jail, he had never been at all ill, and that, as far as he knew, none of his family were ever affected with any glandular disease. That the tumour could have been developed, and attained such a size from the period of his first complaint, about three months before his death, is not at all consonant with what we know of the growth of adipose tumours; for although they attain a very great magnitude, they increase in size but slowly. How, then, are we to account for its not giving rise earlier to uneasy sensations, when even in its earliest stages it must have pressed an organ so essential to life as those contained within the chest?

The symptoms from the first assumed a paroxysmal character, in consequence, I suppose, of the *par vagum* and sympathetic nerve being involved in the diseased mass. This, connected with his own statement, that the cause of the sense of suffocation which he found so distressing, was situated at the commencement of the larynx, and a blush of inflammation, which was visible on examining the pharynx, led me to suppose, on the morning of the 1st of May, that he was labouring under an attack of *œdema glottidis;* and with this opinion Drs. Bell and Scully, who saw the case with me, coincided. He at that time complained little of the swelling, which was situated over the thyroid gland; and our belief that it was merely an enlargement of that body, gave us reason to suppose that, although the operation of tracheotomy would be very doubtful in its termination, it might be performed if necessity should compel us.

The state of the surface of the heart in this case was very remarkable. In the report of the *post mortem* examination, I have stated that it seemed as if the process of ulcerative absorption had been going on for some time; and I do not know any other term by which I can so well express the appearance which it presented; and what renders it more worthy of observation, the opposed surface of the pericardium was perfectly smooth; nor was there any fluid contained in the pericardial cavity.

The immediate cause of death was the effusion into the pleura, which must have taken place very rapidly, as, until a few hours before his death, he was able to sit up in bed, and lie equally well on either side.

I cannot give any information as to the stethoscopic indications for some time previous to his death, as, in consequence of the tenderness of the surface of the chest, from the repeated blistering and use of the tartar emetic ointment, he was unable to bear the application of the instrument.

BIBLIOGRAPHICAL NOTICES.

Smith's American Medical Almanac.[1]

We drew favourable attention to the two first impressions of this useful annual. That for this year contains, amongst other useful matters of daily interest, an account of the present condition of the various medical schools of the United States; with brief essays on practical subjects that are important to all.

Dr. Lindsly's Introductory Lecture.[2]

The title of Dr. Lindsly's lecture indicates its general objects. It is devoted to an examination of the peculiar features of the profession in the countries of Europe most distinguished for their scientific reasearches, as well as in this country. We might differ from the respectable author in certain of his estimates of men and things, but on the whole approve of his views, which are evidently suggested by an ardent desire for the advancement of his profession.

Fourth Annual Report of the Trustees of the Vermont Asylum for the Insane.[3]

We are indebted to Dr. Rockwell—the superintendent—for this report, which, like the reports from all our insane establishments, contains much that is gratifying to the philanthropist and the physician. The institution appears to be in a most wholesome state. Would that we had a similar establishment in Pennsylvania! It cannot be postponed long, under the powerful feelings of interest excited in every charitable bosom towards the most helpless of the human family, whose condition in the absence of such institutions is wretched in the extreme.

Operation for Strabismus.

This novel operation has been practised to a great extent by several of our surgeons. Professor Pancoast informs us that he has performed it nine times, and with great success. It seems, indeed, to be admirably adapted for the removal of a most unsightly deformity.

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[1] The American Medical Almanac for 1841; designed for the daily use of Practising Physicians, Surgeons, Students, and Apothecaries. By J. V. C. Smith, M. D., Editor of the Boston Medical and Surgical Journal. Vol 3, continued annually. 24mo, pp. 148. Boston, 1841.

[2] Medical Science and the Medical Profession in Europe and the United States, an Introductory Lecture. By Harvey Lindsly, M. D., Professor of Obstetric Medicine in the Columbia College, Nov. 1840. 8vo, pp. 35. Washington, 1840.

[3] Pp. 15. Montpelier, Vermont, 1840.

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ART. I.—EFFICACY OF HYDRIODATE OF POTASSA IN THE CURE OF RHEUMATISM.

BY E. D. CONNOR, M. D.

Demopolis, November 24th, 1840.

Dr. R. Dunglison,

Dear Sir,—Allow me to add another to the many proofs of the efficacy of the Hydriodate of Potassa in the cure of Rheumatism.

Yours, respectfully,
E. D. CONNOR, M. D.

C. D. C——, aged 49, has for several years past been complaining of slight rheumatism in the right shoulder and arm, but in every other respect is in perfect health. Being of quite a sanguine temperament, and fond of good living, he allowed the disease to run its course until the last summer, when in the month of May he was taken with violent pains in both the upper extremities and left ancle, with great derangement of his general health, accompanied with great nervous irritability, so much so, indeed, as to render him almost a sleepless being. He applied for medical aid, and being in what is termed good circumstances, procured the best the country could afford. The whole list of remedies commonly used in the cure of this disease was run down, and no relief was obtained. In July I saw him in consultation with my former preceptor, who at the time was busily engaged in practice, and left the care of the case to myself; and having seen colchicum used by yourself with great good effect, I put him on the use of it, but derived no benefit from it. Much time passed in the use of various reputed remedies, and the patient grew worse daily, until about the middle of August, when he became almost helpless; and from the great nervous irritability his mind seemed to be failing, and was fast advancing into second childhood. I mention this to show that time had not done any thing towards the cure. On the first of September I was able to procure some of the hydriodate of potassa; I commenced the use of it in the proportion of thirty grains to the ounce of water, of which solution I gave him twelve drops three times daily, increasing a drop each day; when, much to my astonishment, in one week's time he was so far enabled to use his right arm as to shave himself, and in three weeks was entirely well, and has since that time enjoyed perfect health. When I last saw him, about ten days ago, he said that he never in his life felt better. I neglected to state above, that during the whole course of the disease, from May to September, proper attention was paid to diet.

ART. II.—MEDICO-CHIRURGICAL TRANSACTIONS.

Concluded from page 248.

The preponderance in number of the communications in the present volume are the pathological, which we shall now take in the order of their occurrence. The first comprises *Cases of Spasmodic Disease accompanying Affections of the Pericardium;* by Richard Bright, M. D., F. R. S., President of the Society, Physician Extraordinary to the Queen, &c. These cases are three in number; and in each of them the pericardium was seriously implicated; and it appeared to the author that the phrenic nerve was the more immediate means of communicating irritation to the spinal chord. In the first case, severe chorea came on after symptoms which bore a good deal the character of acute rheumatism. The patient died about the 16th day after the occurrence of the spasmodic symptoms; and on examination, the heart, pericardium, and contiguous part of the lungs, bore distinct marks of considerable recent inflammation.

In the second case, trismus, and convulsive affections, bearing sometimes a tetanic character, followed on acute rheumatism, and, in twenty hours from their attack, proved fatal. Severe inflammation was found in the chest, particularly on the pleura of its right side, and on the right side of the pericardium, down which the phrenic nerve runs.

The third case was one of much glandular disease in a female of 17, where *phthisis pulmonalis* was suspected; and where severe dyspnœa, resembling that of hysteria, supervened, and assisted in gradually wearing out the patient. Extensive glandular disease was found in the abdomen; but the chest and lungs were free from all tubercular deposit.

"The heart and pericardium formed a hard mass, firmly glued to the sternum by the white fungoid matter deposited in the anterior mediastinum, so that on raising the bone, they were round like a hard tumour attached within.

"The heart itself presented a curious specimen of disease: a thick layer of yellow malignant matter lined and covered the pericardium, both the portion attached to the heart and the reflected portion; the two deposits were strongly glued together in most parts, and were a quarter of an inch in thickness. In other parts the two layers were easily torn from each other. The phrenic nerve was seen on the right side, passing down, pressed upon, and almost imbedded in this diseased mass.."—P. 17.

A plate of the appearances is given. The alternation of chorea with acute rheumatism has been long known or suspected; and that pericarditis follows, and, through the medium of the phrenic nerve, produces in the spine that affection which gives rise to convulsive paroxysms, there is, he thinks, every reason to believe. He is not of opinion with some authors, that inflammation in or about the spine is necessary to the production of chorea.

In addition to the authorities referred to by Dr. Bright, it may be observed, that pericarditis, with choreiform symptoms, is mentioned by Dr. Craigie as having been observed by him, and also by Dr. Roeser, of Bartenstein. (Practice of Physic, vol. ii. book ii. chapter iii. § iii. p. 151.)

Memoir on Typhlo-Enteritis; or Inflammation and Perforative Ulceration of the Cæcum, and of the Appendix Vermiformis Cæci; by John Burne, M. D., Physician to the Westminster Hospital, Lecturer on the Practice of Medicine, &c. This paper may be regarded as a continuation of one on the same subject which appeared in the twentieth volume of the Medico-Chirurgical Transactions, and it contains several additional cases, in further illustration of the pathology of the cæcum and appendix.

The liability of the cæcum to have a lodgment of undigested substances in it, produces irritation and great disposition to symptomatic inflammation in this part of the alimentary canal; which latter, when it occurs, usually terminates by resolution; the subsidence of the spasm and removal of the inflammation allowing the muscular coat of the cæcum to resume its functions. No instance of perforative ulceration of the cæcum from internal disease has occurred to the author; but perforative ulceration from without he states to be common, owing to abscesses resulting from perforation of the *appendix vermiformis* bursting into the cæcum. Several interesting cases are given of inflammation of the appendix, and perforative ulcerations of that portion of the gut, and their consequences. The author is of opinion that Dupuy has formed an erroneous conclusion, when he viewed the occurrence of abscesses bursting into the cæcum as having originated in its cellular texture, instead of being secondary, and consequent on perforative ulceration of the cæcum or its appendix. He does not conceive that there is any reason for supposing that inflammation of the mucous membrane of the cæcum can ever give rise to inflammation in the adjacent subcæcal cellular tissue.

Case of Carditis; by Thomas Salter, Esq., F. L. S., of Poole. The case occurred in a man of 50; and the principal symptoms were dull and heavy, but not lancinating, pain in the lower part of the chest, rather inclining to the left side; very severe oppression and distress in breathing, increased at intervals, but never quitting him; a frequent and small pulse; inability to lie down, and a feeling as if he could not live. There was no cough, nor sign of pulmonary affection, and frequently considerable uneasiness in the left upper arm. The symptoms continued to a certain extent for about six weeks; but they were most severe and alarming for sixty-five hours only before death.

On examination, the heart was found to be rather larger than natural, and of moderate firmness; large white or yellowish coagula were contained in the cavities; and commencing ossification was discovered in the ascending aorta, but no disease in the lining membrane of the heart, or in the valves. The muscular substance of the left ventricle was of a light yellow hue and fibrous texture; and exhibited purulent matter at the surfaces of the various sections that were made in it. In some parts, small cavities filled with purulent matter were found, varying from the size of a pin's head to that of a small pea.

The pericardium exhibited "unusual vascularity," which was attributed by the author to inflammation; though there was neither on this nor on the surface of the jejunum, (which was likewise stated to be much inflamed,) any effusion of coagulable lymph, which might have been expected to appear under such circumstances.

On the Softening of Coagulated Fibrine; by George Gulliver, F. R. S., Assistant Surgeon to the Royal Regiment of Horse-Guards. The author's object in this paper is to ascertain the differences which exist between various modifications of animal matter and pure purulent matter; and he has been able to infer, that softened fibrine, which has generally been regarded as a purulent fluid, is, notwithstanding, of an essentially different character. His experiments and observations were made on fibrine from the heart; on that obtained from venous blood by agitation; on the fibrinous concretion formed by inflammation on the pleura of a dog; on softened fibrine in the heart and aorta; and on softened fibrine in the veins. His general deductions are the following, viz.

"1st. That coagulated fibrine, when removed from the body and subjected to a blood heat, commences to soften in about forty hours, assuming the colour and consistency of pus, but easily distinguishable from it by microscopic and chemical examination.

"2d. That the purulent-like fluid found in the fibrinous clots of the heart and arteries, and so frequently in the veins, is essentially distinct from pus, and analogous to, if not identical with, softened fibrine.

"3d. That the softening of coagulated fibrine is an elementary pathological condition of frequent occurrence, distinct from suppuration, and constituting a considerable proportion of the cases generally denominated suppurative phlebitis.

"Lastly. I may observe, that I have frequently found pus mixed in considerable quantities with the pulpy fibrinous matter; and in two instances some purulent globules were observed, completely insulated, in the centre of a clot, from the neighbouring tissues. But in both these cases pus was also detected in the blood; and when it is considered how frequently this contamination exists, it will not appear surprising that the particles of pus should become entangled in coagula contained in the vessels. Nor does this circumstance at all invalidate the conclusion, that the softening of coagulated fibrine is a disease of much interest and importance, quite distinct in its nature from suppuration, although the two affections have been generally regarded as identical."—Pp. 151, 152.

It is a particular source of gratification so often to see, that gentlemen who are connected with the public medical service, have talents and disposition to employ that leisure which peace affords them, in useful inquiries for the improvement of their profession. The general taste and acquirements of the profession in the public service, as well as in civil life, have fortunately much increased of late years; and the country owes very important obligations to Sir James Macgrigor, the Director-General of the Army Medical Board, for his efficient and successful endeavours to raise the character of army medical men, by the superior education required of them, and by that cultivation of the collateral sciences which they are encouraged to make, and which more effectually enables them to profit by the opportunities so extensively afforded them, both in active and quiescent service, of advancing the interests of science, and promoting the credit and usefulness of their profession.

Contributions to the Pathology of the Spinal Cord; by William Budd, M. D. This communication contains some very valuable cases from the author, from Mr. Busk, of the Dreadnought, and Mr. Granger, in illustration of the operation of the reflex function, as it has been termed, in man; and to show that the phenomena attaching to it take place in the human race just as in the lower animals.

When an animal is decapitated, and a stimulus applied to the surface of the body, the influence of that stimulus is applied to the spinal marrow, and being thence *reflected* to the motor nerves, causes, as is well known, contraction of various muscles. A similar effect the author found to take place in cases of paralysis arising from spinal affection.

In one of those cases, sensation in the lower extremities was nearly extinguished, and the power of voluntary motion entirely lost. But when any part of the limb was pinched or pricked, though there was a very trifling sensation produced by the act, the limb jumped up with great vivacity; the toes were retracted towards the instep; the foot raised on the heel; and the knee bent so as to raise it off the bed; the limb being maintained in that position for several seconds after withdrawing the stimulus, and then becoming suddenly relaxed. The tickling of a feather on the instep, though not at all felt by the patient, produced still more violent convulsions; and this always occurred with much force during defecation and micturition; some mechanical means being obliged to be employed to secure him during these acts.

In all the cases mentioned, the involuntary movements were of the same character as those observed in decapitated animals, and were quite independent of volition. They were not associated with a sense of fatigue, but the power which caused them was subject to exhaustion, and was renewed by rest. Heat was a powerful means of excitement; and strychnia, given internally, increased the susceptibility to involuntary movements, while prussic acid and digitalis had a contrary effect. From a consideration of the fact, that the convulsions of tetanus are either capable of being produced or increased by impressions made on the skin and senses, the author is induced to consider it as proper to avoid, in this complaint, multiplying impressions, especially those of a painful kind, as leeching, cupping and blistering, or even purging. He thinks, also, that, as opium given to animals before decapitation renders the motor actions of the spinal cord more active and powerful, it is to be avoided in the treatment of tetanus, which may with more propriety be entrusted to the operation of hydrocyanic acid, conium, and digitalis.

Memoirs on some Principles of Pathology in the Nervous System; by Marshall Hall, M. D., F. R. S. L. and E. This is the first of a series of memoirs, which it is the intention of the author to communicate to the society, on the subject of nervous action under various circumstances of disease. It is entitled, *On the Condition of the Muscular Irritability in Paralytic Limbs*, and is to be followed by a second memoir, containing the author's deductions on the reflex action in certain cases of paralysis, tetanus, &c., and on the retrograde action in cases of disease of the spinal marrow.

In the present communication, the author enters at some length into an examination of the discrepancies of opinion which have taken place among the most distinguished authors, in relation to the existence (which some affirm and others deny) of irritability in the muscular fibres of paralytic limbs. Those discrepancies he considers as being amply accounted for, by the difference of the phenomena which occur in respect to *cerebral paralysis*, or that which removes the influence of the brain; and *spinal paralysis*, which removes that only of the spinal marrow.

Strychnine, when exhibited on paralytic patients, often manifests its powerful influence on the paralytic limbs, to the exclusion of the sound ones, though its power must have been supposed to be equally diffused down the spinal marrow along the nerves to the right and to the left, and therefore to the muscles which those nerves supply. It therefore appeared to him, that the irritability of the fibre, in the cases where the paralysed muscles were most affected, must have been augmented; and it is to this result that his experiments and observations lead. When there was cerebral paralysis only, he found that slight shocks of galvanism, which would produce no effect on sound limbs, agitated paralytic ones; whereas, if the disease arose in the course of the nerves, or within the lumber vertebræ, the muscles of the paralytic limbs were much less irritable than those of the sound.

"I visited a patient," says the author, "affected with hemiplegia, including paralysis of the face, and I passed a slight galvanic shock through two pieces of metal, of which one was placed over each cheek. The muscles of the paralytic side were most affected. I repeated the experiment with the same result. I now compared with these two cases of injury of the facial nerve, passing the galvanic shock in the same manner through the fibres of the orbicularis: it was now the muscle of the healthy side which was affected by the galvanism, the eyelid of that side being closed, whilst that of the paralytic side gaped as before. I next compared the effect of galvanism in two cases of complete paralysis of the arm, one hemiplegic, the other the result of dislocation of the shoulder. The muscles of the former were more, those of the latter less, irritable than those of the healthy arm respectively, as were also those of the arm of a patient affected with the paralysis induced by lead. Lastly, I compared the cases of paralysis of the lower extremities, one arising after pertussis, and therefore cerebral, the other, I think, from disease within the lumbar vertebræ: in the former there was augmented, in the latter diminished, irritability."—Pp. 203, 204.

The author concludes, therefore, that, "in cerebral paralysis, the irritability of the muscular fibre becomes augmented from want of the application of the stimulus of volition; in paralysis arising from disease of the spinal marrow and its nerves, this irritability is diminished, and at length becomes extinct, from its source being cut off.

"We may further deduce," he continues, "from the facts which have been detailed, that the spinal marrow, and not the cerebrum, is the special source of the power in the nerves of exciting muscular contraction, and of the irritability of the muscular fibre; that the cerebrum is, on the contrary, the exhauster, through its acts of volition, of the muscular irritability.

"As a further deduction from the same facts, we may infer the diagnosis between cerebral and spinal paralysis: mere cerebral paralysis is attended by augmented irritability, whereas spinal paralysis is that which is attended by diminished irritability."—P. 205.

A Case of Enlargement from Melanoid Tumour of the Prostate Gland, in a Child of five years of age; by R. A. Stafford, Surgeon to the St. Mary-le-Bone Infirmary. The subject of this case had, for three or four months, an irritable bladder, with a continual wish to discharge urine; and a large and tumid abdomen. On the occurrence of entire inability to pass his water, and the appearance of a large tumour in the abdomen, which was found on examination to be a distended bladder, the elastic gum catheter was passed, and twenty-five ounces of natural coloured urine were drawn off. As accumulation took place rapidly, the catheter was left in the bladder; but the boy sank and died in eight days.

The bladder was found to be contracted to the size of a turkey's egg, and to have some purulent matter mixed with about one ounce of urine which it contained. The prostate gland was equal in size to the largest walnut, and had its third lobe about the magnitude of a hazel-nut, which is about the size of the whole prostate in a child of his age. It was encephaloid in colour, consistence, and texture, but one part of the cut surface was so dark as to present the appearance of their being melanotic, mixed with the encephaloid matter.

Case of Congenital Absence of the Pericardium, with observations; by T. B. Curling, Assistant-Surgeon to the London Hospital, &c. In this case, paralysis of the lower extremities arose from exposure to wet, and gradually extended upwards, producing, after some weeks, asphyxia and death.

The principal diseased appearance was ramollissement of the central part of the whole *medulla spinalis;* but on opening the chest, the heart was found to be completely exposed, lying loose in the cavity of the pleura, in immediate contact with the lung, but without any appearance of pericardium, except a slight sort of rudiment of one on the left side.

Cases are mentioned of the absence of pericardium, from Baillie and Breschet, and from Woolf, Walter, and some others; and the author considers the opinion of Dr. Baillie as far too restrictive, when he regards the use of the pericardium as being merely to keep the heart in a steady position; for it seems to him, that inclosure in a serous bag, separate from that of the lung, must be a great exemption from the effects of inflammation. It may be remarked, however, that deposits of lymph are not unfrequently found on the surface of the heart, without the previous production of any serious symptoms of an inflammatory nature.

On a Peculiar Form of Congenital Tumour of the Neck; by Cæsar Hawkins, Esq., Surgeon to St. George's Hospital. The author adverts to a great variety of encysted tumours which are occasionally found in infants; but directs his particular attention to a peculiar form of congenital tumour appearing in the face and neck, which is composed of many cysts united together, and having in them so large a portion of organised matter as to give them a solid character. In one of the cases mentioned by him, (there being seven in all,) when death took place, with excessive emaciation, at the age of about three months, the tumour was on the right side of the neck, and about the size of a large orange. It was found to be "composed of a great number of small cysts, many hundreds, probably, varying in size from a pea to a walnut, closely joined together, and composed of delicate membranes, like very fine peritoneum, but in some parts covered by fibrous structure, giving the cysts the appearance of thin pericardium, and very few of them were so far insulated as to admit of being dissected out without cutting through others. The fluid in most of the cysts was transparent, with scarcely any trace of coagulable matter, but in others the contents were of every shade of red, even as dark as venous blood, but without any coagulum, and evidently only coloured secretion."—P. 238.

On pursuing the dissection, the cysts were found to be deeply imbedded in the surrounding substance, and to extend behind the pharynx and œsophagus; some as high as the basilar process, others as low as the sixth cervical vertebra. They were formed in the common cellular texture, and, from their inaccessible situation and intricate connection, presented little promise of benefit from an operation. The cysts did not exhibit much disposition to inflammation, and in one case, repeated punctures seemed, in about a year, to wear out the disposition to further secretion; to reduce the swelling to about a third of its original size; and to leave it a loose pendulous bag, principally composed of skin and fat.

Case of a Girl who voided from the Urethra a number of Entozootic Worms not hitherto described, with an Account of the Animals; by T. B. Curling, Assistant-Surgeon to the London Hospital, &c. With the assistance of Professor Owen, and Mr. John Quekett, the author has been able to give a very good account of the appearance and structure of these little animals, which he illustrates by lithographs taken from drawings made by himself. He refers them to the order Nematoidea of Rudolphi, in which they would constitute a new genus, whose character he thus describes:

"*Genus Dactylius.*—Corpus teres, elasticum, annulatum, et utrinque attenuatum, caput obtusum, os orbiculare, anus trilabiatus.

"*Dactylius aculeatus.*—Capite obtuso, toto corpore aculeorum serie multiplici armato, caudâ obtusâ et annulatâ.

"Hab. in Hominis vesicâ urinariâ."

The females were about four fifths, the males about two fifths of an inch in length.

The patient had been occasionally troubled with ascarides, after some pectoral complaints, and derangement of the intestinal mucous membrane. The worms were discovered in the urine after an attack of measles, which left her weak and much emaciated. After the use of small doses of the *Oleum terebinthinæ*, no more of them were observed, either living or dead.

The only two papers remaining to be noticed in this volume may be regarded as appertaining principally to the subject of obstetrics. The first is *An Account of a Fœtus of Seven Months, with its Placenta partially adherent to a Nævus, occupying the Scalp and Dura Mater;* by Robert Lee, M. D., F. R. S., Physician to the British Lying-in Hospital, and Lecturer on Midwifery at St. George's Hospital. No vascular union existed at the place of junction. The author refers to a few cases of a description somewhat similar.

The second is *On the Structure of the Corpus Luteum;* by Robert Lee, M. D., F. R. S. "The Graafian vesicle in the human ovarium is a small spherical pellucid sac, which contains a fluid, the ovum, and the granular substance in which it is imbedded. The vesicle itself always consists of two distinct coats, or membranous layers, which adhere firmly together. The external surface of the Graafian vesicle adheres loosely to the stroma or proper substance of the ovarium, in which it is imbedded by soft cellular substance, blood-vessels, and nerves.

"Soon after impregnation, the coats of the Graafian vesicle and the peritoneum covering it give way by absorption, the contents of the vesicle escape, and between its outer coat and the substance of the ovary, the *corpus luteum* is gradually formed."—P. 329.

Doubts have, however, been entertained by physiologists as to the precise mode in which the formation of the *corpus luteum* takes place; whether it is produced by a thickening of the inner layer of the Graafian vesicle, or is an entirely new substance, deposited between its coats, or around its external surface; or even capable of being occasionally formed in the ovaries of women who have never been pregnant.

Some opportunities presented themselves to the author, of particularly examining ovaries in two months of pregnancy; and from these he had made the deductions in respect to the structure and formation of the *corpus luteum* which form the subject of his paper. On cutting into the left ovarium, in one of the cases mentioned, which was larger than the right, had a considerable prominence on its convex edge, and a small circular depression at the point of the prominence, into which a bristle could not be made to pass, the author found a *corpus luteum*, of an oval shape, and deep orange colour, with the Graafian vesicle in its centre, having its coats thickened and contracted, and readily divisible into two distinct layers.

"The outer surface of this cyst is so loosely attached by cellular tissue to the *corpus luteum*, that it can easily be separated from it. The *corpus luteum* itself varies from a line to a line and a quarter in thickness, and when examined with a magnifier, appears to consist entirely of small yellow globules or particles contained in cellular membrane.

"Around the outer surface of the *corpus luteum*, and completely investing it, there is a white layer varying in thickness, the outer part of which loses itself in the substance of the ovarium, of which it appears to form a part, and to be similar in structure, having the mouths of divided vessels distinctly perceptible, as in other parts of the substance of the ovarium. The inner portion of this white layer, which appears to be condensed stroma, is separable on the one hand from the *corpus luteum*, and on the other from the substance of the ovarium, so as to give the appearance of a distinct membrane, considerably exceeding in thickness both layers of the Graafian vesicle."—P. 332.

"As gestation advances, the deep yellow colour of the *corpus luteum* fades, and the Graafian vesicle in its centre contracts and assumes a peculiar white membranous appearance, with small bands passing outward through the substance of the yellow matter, like the radii of a circle."—P. 333.

Drawings are given to illustrate these appearances.

From the circumstances now mentioned, the author infers, that the *corpus luteum* is a substance formed round the outer surface of the Graafian vesicle, and has no capsule; that its yellow matter is in contact with the substance of the ovarium; that it almost completely disappears about three months after parturition; and that, though a substance much resembling it is sometimes found in the ovaria of persons who have never been pregnant, this is produced by morbid states of the Graafian vesicle, and the yellow matter found within that vesicle, and not around it. In women who have died during menstruation, (of which the author gives two examples,) appearances are sometimes observed, which might, without careful discrimination, be mistaken for true *corpora lutea.*

Art. III.—DIVISION OF THE MUSCLES OF THE EYE FOR STRABISMUS.

BY J. H. DIX, M. D., BOSTON.[1]

[The following cases have been recently published in the Boston Medical and Surgical Journal, by our intelligent correspondent, Dr. Dix.—Ed.]

Division of Internal Rectus.—October 16, 1840. Miss Mary M. C., æt. 23, of Boston, has squinted from birth with both eyes, the left being more decidedly turned in, the edge of the cornea of which frequently reaches the inner canthus. She can, on closing the right, turn the left out nearly as far as the other, but cannot keep it fixed there. Vision has always been weak, and she is conscious that this eye does not assist in seeing.

Drs. Reynolds, Jeffries, Hooper, Bethune, and Charles Ware were present. The eyes being small, and the patient very timid, I found it necessary to control the globe by fixing a double hook through the conjunctiva into the tunica albuginea, about a line and a half from the edge of the cornea towards the inner canthus. By this means the eye being fairly everted, a fine sharp hook was passed through the conjunctiva, and an incision made about half way between it and the double hook. A blunt hook was brought under the muscle, and a division made with scissors in the muscle about half an inch from the cornea, which Mr. Guthrie, whose large experience renders his authority decisive, says is preferable to a division of the tendon. On opening both eyes after the trifling hemorrhage had ceased, the left eye is observed to be straight, the squint of the right being as before. Apply compress wet with cold water. Keep both eyes covered.

17th. No pain, but complains that the eye feels heavy. Bandage removed.

22d. There is a considerable fungous growth from the place of the incision, which is cut off with scissors.

30th. Miss C. has been working at her trade as a tailoress for several days past, and says that after the day's work she finds the eye somewhat turned in. In the morning it is straight. The fungous growth has reappeared, and requires to be touched with nitras argenti.

Nov. 18. Since the last date Miss C. has been obliged to apply herself sedulously to sewing, and the eye is turned in somewhat, a little more perhaps than the right, with which, as was at first stated, she squints a little. Still the eye is by no means so much turned in as before the operation; she has the privilege, as she terms it, of turning it out when she pleases, and finds it serviceable to vision, until it is fatigued by long use. She proposes to have the muscle re-divided when she has an opportunity of resting the eye for a time. The fungous growth has at length disappeared, and the redness at the inner canthus has diminished.

Division of Internal Rectus.—Oct. 16. Mrs. I., æt. 26, of Boston, squinted with the right eye at nine months of age, immediately after hooping cough. The squint is very decided, a portion of the cornea being hidden at the inner canthus. Drs. Doane, Dale, and Parkman being present, the operation was performed as in the preceding case, except that the patient possessing considerable fortitude, I dispensed with the use of the speculum and the double hook, with which in the first case the eye was turned out. She kept the eye steadily everted a little towards the inner canthus. On removing the instruments, the eye was found to be perfectly straight, and capable of turning inward very little. Compress wet with cold water to be constantly kept on the eye, both being covered at the same time. Light diet.

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[1] Boston Medical and Surgical Journal, December 2, 1840, p. 265.

18th. Mrs. I. suffering no pain, and having had none except for about eighteen hours after the operation, and then not severe, I directed the eyes to be uncovered.

20th. Has had some pain, about as much as immediately after the operation, which may perhaps be attributed to her getting chilled by exposure to the night air while looking from the window at a fire. Renew application of cold water. Sulph. magnesia, ℥i.

21st. Eye comfortable. At several times since the operation she has had double vision for an hour at a time, but she has not observed it for three days past. Vision is much clearer and stronger than before the operation, and the only difference perceptible in the eyes, which are both perfectly straight, is, that the right cannot be turned to the inner canthus quite so far as the left.

Nov. 22. Eyes perfectly straight, and motions of both parallel, the right having a farther movement inward than immediately after the operation.

Division of Internal Rectus of both Eyes.—Oct. 17, 1840. Miss Sarah H., of Boston, squinted from birth with both eyes, very badly with the left. On September 9th I divided the tendon of the internal rectus, which was followed by an amendment of the squint, which, however, after a few days, partially returned; and though now the cornea of this eye is not so far turned in as before, she at my request submits to a second division of the muscle. With the assistance of Mr. Stone, who held the lids open without using a speculum, I operated as in the former cases, omitting the double hook. Miss H. kept the eye steadily in the required direction, and upon removing the instruments and opening the other eye, this one is found to be perfectly straight. Right eye to be bandaged and the left turned outward.

Oct. 22. The left eye continues to be perfectly straight, and she has control of its motions in every respect, except that she cannot turn it quite so far into the inner canthus as the right, which squints somewhat inward. The wound has healed, leaving a very slight thickening and redness of the conjunctiva.

Miss H. having expressed a wish to try the effect of the operation on the right eye, I performed, in presence of Drs. S. Keep, Dyer, Dale, and Salisbury, the operation as in the case of the other eye, except that the tendon of the muscle was divided near the globe. There was an immediate amendment of the squint, but not so complete a restoration as in the other eye. Left eye bandaged.

Nov. 23. Vision is much stronger than formerly, owing, I presume, chiefly to an improvement in the left eye, which, as well as the right, continues as last described; one straight, the other turned slightly in. All redness has disappeared from the left eye, and the place of the incision is observed only on close inspection.

Division of the Internal Rectus and Superior Oblique.—Oct. 23, 1840. Wm. Augustus S., æt. 18, of Salem, when four years of age had an inflammation of the right eye, during which the eye was for a long time kept bandaged, and acquired a strabismus convergens. Now the eye is so far turned inward as ordinarily to conceal not only the pupil, but nearly the whole of the cornea, it being, in short, the most decided inversion I have ever seen. Vision with this eye is exceedingly indistinct, patient affirming, at first, that it was blind. On further investigation, it seems that he can just discern the outlines of large objects with this eye at the distance of six feet. The loss of vision is partly to be accounted for by a slight opacity on the upper part of the cornea, but probably depends much more on the entire disuse of the eye for fourteen years. He can, by an effort of the will, turn it out nearly in front, but cannot retain it there more than a few seconds. It was therefore necessary to evert it by means of the double hook, the operation being in every respect like that in the first case. Drs. Channing, Putnam, Morrill, and

Hooper, and Dr. Gustine, of New Orleans, were present. Patient fainted as soon as the division of the rectus muscle was completed. On his recovery the eye was found to be considerably less turned, but still not straight, the squint being perhaps diminished one half. With the approbation of the gentlemen present, I then proposed the division of the superior oblique muscle, to which the patient assented. This was easily accomplished, without enlarging the incision or using the double hook, the eye being now sufficiently everted by the voluntary effort of the patient to bring the incision fairly in view. Passing the blunt hook under the conjunctiva at the upper extremity of the incision, it was readily brought round the tendon of the superior oblique, bringing it fairly into view, so as to be divided with the scissors. The eye immediately inclined slightly outward. He has still the power of turning it a little inward. A compress wet with cold water on the right eye; both eyes to be kept shut.

Oct. 27th. Has had no inflammation beyond the limits of the incision, which seems to be occupied by one large, smooth granulation, not sufficiently prominent to give him uneasiness or to require any application. He often speaks of the increased ability of seeing objects on his right by the aid of this eye, the vision of which he thinks is improving. He is, however, obliged to cover it when exposed to a strong light, an intolerance which must be owing to the continued absence of it, and will gradually abate. The eye is straight, and the axes of the two parallel, except when he is looking far to the right, when the right eye inclines a little to the outer canthus. He returns home, with direction to close the left eye occasionally, and exercise the right, especially in the rotation of it inward; a motion which he can perform to a much greater extent than could be expected after the division of these two muscles.

Nov. 18th. I have not seen Mr. S. since Oct. 27th; but now learn, from his father, that the eye is perfectly straight, and more tolerant of light, though still red at the inner corner.

Division of Internal Rectus.—Nov. 5th. Miss Margaret M., æt. 24, of Boston, seventeen years ago had measles, followed by disease of the eyes, after which it was observed that both eyes squinted, the right very badly. Her mother thinks that in consequence of close application as a pupil, and afterwards as a teacher in school, the squint has been gradually growing worse. Now the right eye is turned so far in, that the edge of the cornea is usually hidden at the inner canthus, though it can be brought out at pleasure. Vision from this eye is not so good as from the left.

Drs. Perry, Wiley, Bartlett, Bethune, and Dorr were present. The lid was raised without a speculum, and the eye sufficiently everted by the patient to render the double hook unnecessary. The conjunctiva and cellular tissue, raised by the small sharp hook, were divided at one incision, with a small and slightly-curved knife. At the suggestion of Dr. Bethune, the lid was now suffered to close for a minute, the hook of course being removed from the conjunctiva. Upon raising the lid, the muscle was reached with the blunt hook as easily as in the preceding cases, and divided with the scissors. The eye became immediately straight. She has the left eye now bandaged, and is directed to turn the right eye frequently out, no application whatever being made to it.

This operation occupied not more than three minutes, including the time that the lids were closed, and was, I believe, less painful than usual, in consequence of removing the sharp hook and closing the eye before the muscle was taken up on the blunt hook. The curved knife is preferable to the straight one, inasmuch as a larger incision may be made with one cut, and when the lid is raised without a speculum, the curved knife is brought out at the upper part of the incision without interfering with the finger of the person who raises the lid.

6th. A slight tendency outward in the right eye, which may yet be turned in by an effort of the patient. Very little pain, but a heavy sensation in the eye. To-day the eye operated on to be turned in as far and as often as possible.

7th. Eye straight, and to be left to itself uncovered. Double vision yesterday, and occasionally to-day.

17th. A slight inclination inward. Left eye to be bandaged, and the right turned forcibly out.

24th. The eye is now again straight, and has been so since last date. The wound in the conjunctiva is nearly cicatrised.

When speaking of an eye as perfectly straight, it is not meant that looking in some one direction, as, for instance, far to the right or left, a trifling want of correspondence in the axes of the eyes may not be detected by a close observer; but that, looking as the person ordinarily does, at objects in front of him, the cornea is midway between the inner and outer canthus, looking forwards. With this understanding, the results of the above six cases may be thus stated: In four the squint is removed, in two it is essentially improved. In every case vision is benefited more or less. In one of the successful cases a second division was made; and in one of the two partially successful cases the operation is to be repeated. The speculum was employed in three cases, and in three the lids were raised by the finger of an assistant. In two cases[1] the double hook was used to evert the globe, and in four it was dispensed with.

BIBLIOGRAPHICAL NOTICES.

Professor Huston's Introductory Lecture.[2]

The members of the class of the Jefferson Medical College acted with judgment in requesting a copy of Professor Huston's excellent lecture for publication. It was well for them to obtain in a more durable form the sound precepts and instruction of an able and favourite preceptor. The object of the professor was to lay before them a brief sketch of the interesting department entrusted to him in the school to which he is attached,—to give to the young obstetrical inquirer a sketch of the difficulties that beset him; and at the same time of the interesting and important nature of the trust that devolves upon him. On this subject we shall permit the estimable author to speak for himself:

"It is our good fortune to live, gentlemen, in an age which is unparalleled for the wide and rapid extension of every department of human knowledge. All the arts and sciences are now cultivated to an extent unknown at any former period. Nor in the revolutions which are going on around us, has the broad field of medicine been suffered to lie an uncultivated and barren waste. Certainly at no former time has the science presented an aspect so interesting as at the present moment. Many of its cultivators are distinguished for bold inquiry and profound observation, and discoveries and improvements are the daily fruits of their labours. Chemistry, natural philosophy, mechanics, all the arts and kindred sciences, are aiding to accelerate its progress. The press teems with matter. Essays, full of learning and deep investigation, on nearly every important subject, pour in upon us from the various quarters of the globe, almost too rapidly to admit of being read.

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[1] In one of these cases, it may be remembered, it was used only to evert the globe previous to the division of the internal rectus, the superior oblique being divided without it, after the division of the first muscle had enabled the patient to turn the eye partially out.

[2] Introductory Lecture to the Course of Obstetrics, and Diseases of Women and Children, in Jefferson Medical College of Philadelphia, for the Session of 1840–41. By R. M. Huston, M. D., Professor of Obstetrics and the Diseases of Women and Children in Jefferson Medical College, Senior Physician to the Lying-in Department of the Philadelphia Hospital, Fellow of the College of Physicians, and Honorary Member of the Philadelphia Medical Society, &c. Published by the Members of the Class. 8vo, pp. 22. Philadelphia, 1840.

"But every faithful picture presents its dark shades, as well as its beautifully coloured figures; and this is also true in the present instance. Many of the statements which are daily submitted to our notice have no better foundation than weak credulity or base imposture. Of the so called systems and theories which are pompously set forth to challenge our acceptance, not a few may be denounced as wild vagaries or groundless hypotheses; and while we are continually receiving, from all quarters, valuable additions to our stock of knowledge, we are deluged through the same channels with much that is calculated to mislead the young, and confound the inexperienced.

"In the short period usually allotted to the acquiring of a medical education, at least in this country, it is not to be supposed that a student can enter profoundly into the several branches; still less can it be expected of him to wade through the ponderous tomes and endless periodicals which emanate from the press, and select whatever is useful to be known, and reject that which is not. This task requires more time and attention than he can devote to any single subject, as well as a degree of experience and knowledge which can only be attained by riper years and personal observation. To his preceptors, therefore, the student must look for the means of supplying this deficiency; and especially to those to whom is assigned the important duty of giving public instruction on the several branches deemed essential to qualify candidates for professional usefulness.

"The branch which it is my duty to teach, allow me to say, lacks none of the interest possessed by the other divisions of our science. In improvement, it has kept pace with the rest—in importance, it holds equal rank with any. Entertaining this high estimate of it, it is my purpose, in the ensuing course, to press strongly on your minds the deep necessity of thoroughly comprehending its principles; and to enable you to do so, I shall neglect no means, within my power, of explaining and illustrating the material facts which constitute its elements, so that you may understand and appreciate their importance.

"Beside obstetrics, our course will embrace the consideration of the more important diseases of females and of infants during the month, both of which comprise subjects of the greatest interest.

"The lesions of the female organs, embraced within our range of study, are among the gravest that occur. Often concealed until concealment becomes impossible, the medical adviser is too frequently called only in time to witness ravages which he cannot stay, and to dispel the delusive hopes of a confiding patient. Under more favourable circumstances, however, delicate as is the structure of these organs, the disorders to which they are liable are not less amenable to the resources of our art than those of other important parts. It is especially in this department of our science that the labours of recent observers have most enlarged our knowledge.

"The extensive sympathetic derangements incident to pregnancy are sometimes exceedingly severe, and very seriously affect the health and comfort of the female, and that independently of any appreciable change of structure in the suffering organs. These cases, in various degrees of severity, being of daily occurrence, are frequent objects of the physician's care, and therefore constitute proper subjects for our consideration. One class of these, of which the uterus is the undoubted seat, are especially entitled to our most serious attention;—I mean the mental influences dependent on the irritations of that organ from gestation. The severer cases, in which reason is entirely subverted, alarm at once the friends of the sufferer, and therefore receive the prompt assistance of our art; but it is the slighter rather than the graver forms of these affections, that claim our sympathy and regard.

"That man is but partially instructed in the business of his profession, who looks upon the practice of medicine as an art by which certain physical agents are brought to act upon the purely physical aberrations of the human frame, and is neglectful of those physico-moral influences that modify, and occasionally disorder, the functions of every vital organ, and the not less remarkable reaction of organic disease upon the mental energy and moral responsibility of the individual.

"Of the many causes of uneasiness and family disquiet which tend to embitter the current of domestic life, the most difficult of comprehension to common observers, as well as of correction, are those irregularities of temper and behaviour that result from the derangements of the uterine function.

"To yield to all the follies of a morbid appetite—all the requisitions of an habitual self-indulgence—would be a silly and very culpable weakness on the part of those on whom devolves the duty of administering advice and exercising control; but unquestionably much unhappiness in domestic life occasionally originates from the incapacity of those immediately interested to appreciate rightly the physico-moral failings of the suffering female. The irritability of temper, the unreasonable demands, the vitiated appetite, and various troublesome affections very commonly observed during gestation, and occasionally during temporary derangements of the menstrual function, are but rarely viewed by the young and inexperienced as the evidences of disease. Too frequently, on the contrary, they are looked upon as mere indulgences of self-will, and a vicious disposition. The present, however, is not the time for enlarging further upon this interesting subject. The sympathetic disturbances—the functional derangements which occur—will be fully explained when we come to consider the conditions of the organs from which they result."—P. 21.

MISCELLANEOUS NOTICES.

Pennsylvania Hospital. Dr. Harris and Dr. Edward Peace.—Dr. Thomas Harris, who has long and faithfully and gratuitously afforded his valuable services to this institution, has resigned his office; and Dr. Edward Peace, one of the Surgeons to the Philadelphia Hospital, has been appointed in his place.

On the Alterations which Nervous Fibres undergo after Division. By Professor Nasse, of Marburg.[1]—The results of the lengthened investigations which form the subject of this paper may be briefly stated.

In frogs, the natural average thickness of the filaments of the ischiatic nerve is 0·000416 inch; the majority are much smaller: the filaments of the posterior tibial are of about the same size; those of the brachial rather less, viz. 0·0003835. The smallest size observed was 0·00027 or 0·00028, and this was so common that the author is inclined to believe it to be the true diameter of all filaments unaltered by external influences, or at least of one kind of them. The limits of size were 0·00027 and 0·00045.

The filaments above the division, after it has healed (and usually about five months after the operation), are almost constantly larger than those below it. The average increase of size is 0·00005 to 0·00006.

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[1] Müller's Archiv, 1839, Heft v. p. 405; and Brit. and For. Med. Rev., Oct. 1840, p. 553.

The average size of the filaments which are paralysed by the division is but little different from that of health; many months after the operation they are found only a little smaller. Their decrease in size is greatest when the animal is generally much emaciated; and is greatest of all when the main artery of the limb is divided at the same time as the nerve.

After destroying the connection of a nerve with the spinal cord, its filaments first lose their cylindrical appearance, and from wrinkling acquire a transversely striated appearance, so that they seem to be divided into a number of short pieces. Next, small fat globules form from the breaking up of the medulla, and the filaments become darker and more opaque. Afterwards these fat globules unite into larger drops, and then the walls of the nervous tubuli gradually diminish in their size.

The filaments that form in the substance by which the divided extremities are united are rather smaller than the old ones, but in all respects similar to nervous fibres; their average diameter is 0·000374.

Similar observations made on rabbits had very nearly the same results; but it was remarked, that as in warm-blooded animals generally the nutrition of all the tissues is more under the influence of the spinal cord than in the cold-blooded, so here the destruction of the divided nerves was much more rapid in rabbits than in frogs; and that although kept without food for five months in the most unfavourable season of the year, the latter gave evidence of much more energy of reparation than the former, which were well fed.

Although there was no doubt of new nervous fibres being formed between the extremities of the divided nerves, yet Nasse never found the motion or sensation return in the paralysed limbs, though he sometimes kept the animal for three quarters of a year. He imagines that in the cases in which others have seen such a restoration of power, the divided portions must have been at once placed in exact apposition, so that the filaments could not lose their oily contents; for he clearly determined that the least alteration in the structure of a filament is sufficient to destroy its conducting power.

On Cramp of the Tongue. By Dr. Hoffman, of Suhl.[1]—A person suffering from chronic gout came to me in great distress for my immediate assistance, saying that since the previous day he had had four attacks of such severe cramp of the tongue, that it had been completely rolled inwards towards the frenum. The frenum itself also was extremely painful. During the attack, which lasted from ten to fifteen minutes, he was unable to speak, and could only utter hollow expressions of pain; he felt also considerable constriction of the chest. As he was a full-blooded man, I ordered him to be largely bled, to abstain rigidly, to take nitre with ipecacuan and aconite, and to use as a gargle an emulsion with laudanum. He had only one slight attack after the use of these measures.

Case of Menstruatio Recidiva. By Dr. Petersen.[2]—A healthy woman, aged seventy-nine, was seized on the 26th of March with uterine pains; these lasting a few days, were terminated by a hemorrhagic discharge. On the 23d of April she was again affected in the same way, the discharge appearing on the 25th, and continuing four days. Since that period, (twelve months ago) she has regularly *menstruated.*

[There are several cases on record in which the menstrual periods have been regularly continued until seventy, eighty, and ninety years of age. It has been said (Locock) that such cases are not genuine cases of menstruation, but sanguineous discharges arising from uterine disease. But we have at this moment a lady aged sixty-two under our care, who regularly menstruates without any symptom of uterine disease. A most extraordinary case, similar to that of Dr. Petersen's, is given by Velasquez, of Tarentum, of the abbess of Monvicaro, who, at the age of 100, after a severe illness, had a recurrence of the catamenia; and not only this, a new set of teeth and a fresh head of hair appeared!]

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[1] Medicinische Zeitung, June 3, 1840; and Brit. and For. Med. Rev., Oct. 1840, p. 557.

[2] Bibliothek for Læger, Feb. 1840; and Brit. and For. Med. Rev., Oct. 1840, p. 560.

On the Itch in Adults and in Children. By Dr. Krause, Physician to the Poor in Dantzic.[1]—The chief object of this paper is to prove the inseparable connection between itch and the acari, which many have supposed to be only occasionally present in that disease. The author gives examples to prove, what we believe has not been before noticed, that the disease may exist in those who wash themselves very often, or who have very tough skins, without any eruption; the itching and the power of communication may be present, but no visible sign of the disorder may exist except the burrows of the insects. The following are his cases:

1. A journeyman tailor had three weeks previously slept with a comrade who had the itch. He came to me with a burrow in his left index finger, from which I drew out an acarus, and I then examined him most carefully, but could discover no trace of any further eruption.

2. A servant-girl, the skin on whose hand and forearm was scarcely inferior to leather in colour and thickness, complained of itching in it. By the side of the finger I discovered seven burrows, out of which I extracted three acari; but there was not a pimple or a vesicle to be found on the whole body.

3. A washerwoman, the mother of a numerous family, remarked that her two youngest children were constantly scratching themselves and had an eruption on their hands. She showed me the children, and they had distinct itch, but she denied having it herself; she allowed, however, that she had sometimes felt an itching in the fingers and arms, but she had never remarked any vesicle. This statement was correct, for on the fingers, which had a kind of varnished appearance from the constant action of the hot water and the soap-ley, I could find no eruption, though there were several burrows, from which I pulled out four acari. On further questioning, it appeared that the woman had long noticed these, but had thought nothing of them because there were no vesicles.

There are only two cases, the author says, in which one would not have a right to maintain that itch did not exist, when neither burrows nor acari can be found; namely, quite at the beginning of the disease, and when treatment has been employed for some days and the skin is partially scaling off, so as to destroy the burrows and the acari, but not the brood, which may soon after generate a new eruption.

If one has the luck to draw an acarus by daylight, one may easily be sure of his existence by cracking him on the thumb-nail; he makes a noise just like, though weaker than, that which his near neighbour the fair hexaped makes in the same circumstances. But if one brings him close to the flame of a candle, he bursts with a distinct snap.

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[1] Casper's Wochenschrift, Juli 25, 1840; and Brit. and For. Med. Rev., Oct. 1840, p. 564.

THE

AMERICAN MEDICAL INTELLIGENCER.

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Philadelphia Hospital, Blockley, November 5th, 1840.

Art. I.—CASE OF CANCER OF THE PENIS.

REPORTED BY WILLIAM M. M'PHEETERS, M. D., RESIDENT PHYSICIAN.

George Dentler, æt. 36, born in the state of Pennsylvania. Until the year 1837, followed the occupation of boatman on the Susquehanna river. In the fall of that year he discovered, on the side of the glans penis, a small speck about the size of a pin's head, which he describes as being firm to the feel, and filled with matter of a yellow colour. For six or nine months it gave him neither pain nor inconvenience, but continued to grow harder and larger—being now about the size of a bean. About this time he consulted a physician, who applied caustic to the tumour. He denies ever having had either syphilis or gonorrhœa. Subsequent to the application of the caustic, he had phimosis, which prevented his exposing the glans penis, or seeing the tumour, which, however, could be felt beneath the prepuce, but gave no pain. The tumour still continued to increase, until it became about half the size of a hen's egg, remaining hard, and discharging a thick yellow matter from beneath the prepuce, when, from undue exposure, the head of the penis became swollen, and of a dark purple colour. In a few days the tumour broke externally through the prepuce, and out of the opening the urine passed, as well as a small quantity of bloody, purulent matter. The urine soon resumed its natural passage, but the tumour remained hard, and discharged a sanious matter. When injured in any way, or when over heated from violent bodily exercise, it would bleed freely. In this state it remained four or five years, at the end of which time he had a severe attack of pleuritis, which, according to his own account, confined him to his bed for more than two months, during the greater part of which time he thinks he was out of his mind. He is unable to say what was the state of the tumour during this period, or whether any thing was done for it or not; but on a return to his senses, the tumour had almost entirely disappeared, leaving an opening in the prepuce, through which the head of the penis could come out. For eight or nine months it gave him but little trouble, when, without any assignable cause, it commenced growing again, sprouting from the margin of the opening, and gradually filling it up. In January, 1839, he went into the Poor House at Harrisburg, where he remained near a year. At the time of his entry, the tumour involved the whole of the penis, with the exception of about an inch next the pubes,—being hard, and having a rough surface. While in this establishment, he was put on a course of mercury, and the vegetable and lunar caustics were freely applied. On the 5th July, of the same year, it ate into a blood-vessel, which bled so profusely as to produce syncope;—pretty soon after this, the tumour itself broke, and discharged a large quantity of purulent matter, and became an open sore. From this time it increased rapidly in size, and soon involved the whole of the penis, the testicles, and the adjoining parts.

March 26th, 1840, he entered the wards of this hospital. At the time of his entry, the sore extended up the abdomen to within two inches of the umbilicus, covering the whole of the hypogastric and the iliac regions on either side,—composed of a number of lobules of irregular size and uneven surface, of a light pink colour, not very sensitive to the touch, and discharging a thick purulent matter, exceedingly offensive. Throughout, his appetite has been good, and he has suffered comparatively little pain, except when some article of food disagreed with him, at which time the sore would swell up and become painful. Since his entrance his treatment has been altogether palliative. During the summer he had an attack of dysentery, from the effects of which he never recovered. Died Nov. 5th, 1840.

Appearances thirty-six hours after death.—Throughout the upper lobe of the right lung a slight deposit of tubercular matter was found, together with strong adhesions between the pleura pulmonalis and the pleura costalis. Heart.—Effusion into the pericardium of about ℥iss of serum, with albuminous patches over the surface of the heart. Liver slightly affected with cirrhosis, but of natural size. A minute injection of vessels of mucous membrane of the stomach; towards the cardiac orifice patches of congestion of the submucous coat, and softening of mucous membrane. Intestines slightly injected, and valvulæ conniventes enlarged. Mesenteric glands of natural size, and unaltered. Kidneys normal.

It was a matter of surprise, in this case, that no appearance whatever of scirrhous deposit was found in any part of the body. It affords a strong example of purely local cancer,—where the disease spends its whole force externally, without in the slightest degree interfering with the more vital functions.

For the American Medical Intelligencer.

Art. II.—ON NEUROPATHIC EXCITEMENT.

BY BENJAMIN R. HOGAN, M. D.[1]

Cambridge, Dallas County, Ala., Dec. 6, 1840.

We are told by high authority in medicine, that the term "debility has slain its thousands;" and it has almost become an axiom, that increased heat and excited circulation of the blood require debilitating or revulsive remedies. Polyæmia or hyperæmia are supposed, erroneously, to exist in all cases of exalted vital actions. The influence of the sentient and motor systems, the cerebro-spinal axis, and the sympathetic, have been overlooked too frequently in the practice of medicine. To the labours of Marshal Hall, Abercrombie, &c., the profession is indebted for the means of a correct diagnosis of many conditions previously unknown. To your own most excellent treatise upon general therapeutics am I indebted for the principles, mainly, that have enabled me to discriminate the condition of neuropathic excitement.

The symptoms of this condition simulate those of power of the vital forces, or inflammation of vital organs. The vital actions and susceptibilities are greatly exalted, there is great impressibility to sedatives, and great tolerance of stimulants.

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[1] Letter from Benj. R. Hogan, late Assistant Surgeon, U. S. A., Cambridge, Dallas County, Ala., to Professor R. Dunglison, M. D., on Neuropathic Excitement.

Neuropathic excitement is developed in individuals of the nervous temperament, whenever the vital energies are innervated to a certain extent, whether it be from defect of nutrition, the sudden or *gradual* withdrawal of a large quantity of blood, or the long continued over-excited state of the sensorium by mental anxiety, or the worn out powers of life in protracted fevers. I have treated it in all conditions of life, and at all ages, from the nursling,

> "Mewling and puking in the nurse's arms,"

to the "lean and slippered pantaloon" of eighty. The symptoms are pain in the top of the head, throbbing in the temples, hot, dry, and shriveled skin,—quick, regular, soft, hard, throbbing, full, small, gaseous pulse, varying in every thing else except frequency, in the course of an hour. Restlessness, heat, thirst,—tongue dry or moist, heavy, soft, clean, or furred, often red at the point, and vesiculated,—sometimes pale, and often semi-transparent. Bowels generally regular, sometimes diarrhœa,—countenance universally pale, and the lips blue or purple. The eye is uniformly bright, unnaturally brilliant in the first periods,—adnata glistening, and pupils most generally dilated, but sometimes contracted. If the condition be not relieved, or aggravated, as is most usually the case, by the administration of *remedies*, to the pain and throbbing in the temples delirium supervenes, *tinnitus aurium*, *subsultus tendinum*, frenzy, and finally, coma and contracted pupils,—involuntary discharges, picking at the bed-clothes, stertorous breathing, and death. Previously, the circulation becomes more and more rapid, from 40 to 100,—the arteries are empty, the veins turgid,—the internal jugular at the inner canthus of the eye is distended, and the countenance deadly pale.

I can better illustrate this condition by reporting a synopsis of a few cases, and the treatment pursued in each:

Case 1.—A mulatto girl, aged about ten years; in the summer of 1835, had a severe attack of congestive fever. Inflammation of the stomach and bowels succeeded. In ten days she was convalescent, viz. all her functions were natural. I directed mild nourishment, and discontinued my visits. In two days I was called to her. Found her with full, hard pulse, beating upwards of 120 in a minute, hot, dry skin, white fur on the tongue, and violent pain in the head. She was bled, cupped, and treated revulsively, without any permanent relief; and in four days she died, with symptoms of effusion on the brain.

Case 2.—In a similar case (same year) of age, sex, race, and temperament, I treated the case in accordance with established principles. The case was neglected for two weeks, during which time she took no mercurial preparation, and she became severely salivated from 10 grs. of Protochlor. Hyd. taken at my first visit. Softening of the uvula and soft palate ensued. For two weeks afterwards she had continued fever,—skin hot and dry, pulse 130, pain in the head, and a dry, hoary appearance of the apex of the tongue. Having almost exhausted the resources of the art on the principle of hyperæmic excitement, white wine whey *ad libitum* was directed for her. Much to my satisfaction, in two hours after the change of treatment, and when about ℥iv of the whey had been taken, I found my patient with soft skin and pulse 100, tongue moist, and all her symptoms improving. The wine was continued and with milk gruel: she recovered rapidly and perfectly.

Case 3.—Mrs. H****, aged 26, of sanguine nervous temperament, had three paroxysms of a quotidian intermittent a week before her confinement with her third child. She had for four years suffered much with dyspepsia, and pain in the anterior lobes of the brain. Her labour was accomplished in fifteen hours, but owing to the shortness of the funis, the placenta was detached with the expulsion of the child, and about ℥xx of blood was lost.

She suffered a good deal from after-pains, and slept but little during the night after her confinement, which took place on the 30th of July.

July 31. About one o'clock became very restless,—skin hot, pulse 130, small and quick,—great thirst, pain in the head, and throbbing in the temples. Direct sulph. morph. ⅓ of a grain with 5 grains camph. at 4 P. M. She became tranquil, pulse 120, skin soft, and thirst relieved in an hour after the draught.

Aug. 1. In the morning she was free from excitement, and appearance promising. In the afternoon the excitement returned with increased intensity. To the pain in the head were added *tinnitus aurium* and *subsultus tendinum.*

She took the morph. and camph. and a wine glass of port wine whey every hour.

Aug. 2. The patient became tranquil, skin moist, and pain and throbbing in the temples relieved about 9 o'clock last night. Has taken one bottle of port wine since yesterday. Direct her to take coffee and toast bread for breakfast.

3d and 4th. The paroxysms returned on both these days, with less intensity, and the patient took a bottle of port wine during the period of greatest heat of skin and restlessness. Up to this time she had no action in the bowels, the lochia were moderate, and at the subsidence of the excitement to-night, I thought she would be convalescent. A Seidlitz powder had been administered, and, unknown to me, she had drunk some very strong sassafras tea, for the purpose of increasing the lochial discharge. It certainly had the effect to do so, for she flooded ℥8 or ℥10, and had two alvine evacuations of a healthy character.

5th. The paroxysm yesterday was lighter, and terminated earlier. At one o'clock this morning, after the operation of the aperient and the flow of blood from the womb, my patient became very hot, skin dry and shriveled, pulse 144, small, hard, soft, and tense, varying every half hour. She complained of violent pain in the head, back, and limbs; *tinnitus aurium*, and frenzy succeeded. I was not apprised of the loss of blood, and the symptoms were so alarming, that I hesitated in my course, and feared I had been mistaken in my diagnosis. Until 1 P. M. I did nothing. Then I resolved to bleed. I corded the arm and took about ℥6 of blood. The skin became soft, and the restlessness was relieved. At 8 P. M. there was lethargy, but my patient could be aroused. I applied a cup to each temple, and a blister to the nape of the neck. Not more than ℥i of blood was taken by the cups, but there was great apparent relief. The patient was sensible and conversed rationally, and appeared much relieved. She slept all night, but it was more a stupor than natural repose. Pulse still very frequent.

6th. The blister drew well,—the bowels have acted once or twice a day, the discharges are natural. She is now restless, muttering, speechless, has *subsultus tendinum*, passes her fæces and urine involuntarily,—occasionally there is stertor, the eyes half open, pupils very much contracted,—skin hot, dry, and shriveled,—veins distended, pulse 144. Has had sinapisms applied during the night to the arms and legs, to the number of 10 or 12, to the back and epigastric region.

At 10 o'clock I directed wine to be given. She could not swallow, but it was poured into the mouth by the teaspoonful, and occasionally she would swallow. At 12 there was no change in the symptoms. Peach brandy toddy was substituted for the wine. At 2 o'clock there was not quite so much difficulty of swallowing, and a teaspoonful of the comp. sp. lav. was given every half hour, and the brandy discontinued. At 10 o'clock she became sensible, and at 12 at night she could speak. Strong hot coffee, milk gruel, and beef tea were given occasionally, and wine or peach brandy toddy as often as she would take them. A suppository of opium was administered at 6 P. M. in order to restrain alvine discharges.

7th. She rested and slept occasionally. After 12 last night took nourishment or stimulants every hour. Gave her at 1 P. M. 5 grs. sulph. quin. and repeated every three hours, until it produced a buzzing in the ears. At 12 o'clock to-day she had a sensation of numbness and loss of sensibility. The quinine and stimulants arrested or prevented the excitement that would have followed. They were both continued during the night and next day in smaller doses and portions. At the same hour on the 8th she had the same sensations. After this her recovery has been rapid.

Remarks on the case of Mrs. H.—It was not until the 9th day of August that the pulse receded to its natural frequency, and on this day the bowels were emptied by an enema of soap and warm water.

This case was badly treated. The recurrence of the paroxysms might have been prevented by 15 or 20 grs. of quinine administered at any period during the sweating stage of the paroxysms. The flow of the lochia and the operation of the aperient aggravated the neuropathia under which she laboured. The patient was very near and dear to me, and my feelings were so much interested that I could not rely on my judgment, and I was so situated that I could obtain no aid to enlighten me. The bleeding relieved some symptoms, but only by prostrating the sensibilities of the nervous system. The application of the scarification, by the stimulus of pain, for a time aroused the sensibilities and energies of the nervous system. The arterialisation of blood was effected, and the powers of life were reanimated. There was not enough blood drawn to increase the debility to any marked extent. But during the night, when she slept, the nervous energy was less active,—the blood accumulated in the veins,—nervous congestion in the brain was the consequence. The internal jugular, at the inner canthus, was turgid,—the arteries were empty, and the presence of so much black blood in the cerebro-spinal axis was fast obliterating the remnants of nervous excitability. And not until I despaired of her recovery, and knew I could not obtain the professional services on which I relied, did I adopt that energetic course of stimulation and recuperation of the physical and vital energies, which will alone relieve the pathological condition under consideration.

CASE 4.—Mrs. ****, aged 21, sanguine bilious nervous temperament. Had violent pain in her head on Saturday,—was bled about ℥20, and was delivered on Sunday of her third child. Had fever on Monday and Tuesday. Called in a physician, who gave her calomel and Dover's powder,—took a pint of blood from the arm. The calomel was followed by a dose of castor oil, which operated eight or ten times, producing free and copious watery passages. On Wednesday and Thursday complained of great pain in the head and throbbing in the temples. Had hot, dry skin, pulse 140, great restlessness and delirium. When I was called to her at 6 P. M., Thursday, she was speechless, insensible, and picking at the bedclothes,—skin dry, pupils natural, tongue soft with a slight brown fur, pulse 144 and small. She had blisters to the temples and occiput, but recently applied. They were removed at once, and ten drops of laudanum and four grs. camphor given. She took during the night four or five drops of laudanum; after the first portion slept profoundly, and was rational at daylight. Milk gruel and wine whey completed her cure, which was rapid and perfect. On the second day after the wine was given, her pulse became natural. There was about ℥ij of Madeira wine to ℥8 milk, and a wine glassful of the whey was given every half hour or hour. This is usually the method I use in its preparation and administration.

CASE 5.—Miss W******, aged 22, of highly nervous organisation, had two paroxysms of a tertian intermittent, and, after the second, took a dose of rhubarb and magnesia. The operation of the medicine produced a chill on the second day. In the pyrexial period I visited her, and found her with purely neuropathic excitement. Complains of violent pain in the top of the head, throbbing in the temples, stinging heat of surface, great thirst and restlessness, pale countenance and purple lips, pulse 120, small and regular, tongue free from nodes, but the papillæ on the apex and sides near it presented a protruded and vesiculated appearance. I gave her 20 drops of the denarcot. tinct. opii, and ʒss. sp. æth. nit., and repeated both in half an hour. In an hour after the first portion, the restlessness and heat were relieved, the pain and throbbing greatly alleviated, and pulse reduced to 110. I now gave her white wine by the half wine glassful every hour, with directions to continue it until she felt its stimulating effects. She took several glasses, and had a perfect recovery.

Case 6.—The Rev. Mr. P****, aged 38, of nervous bilious lymphatic organisation, had gastro-enteritis. I never saw more exalted irritation of the mucous membranes, nor such impressibility of the nervous system. One third of a grain of opium would produce a full anodyne effect.

He was treated revulsively, and in a week all the functions were healthy except those of the circulation and calorification. Pulse steadily at 100, neither full nor hard, but giving the impression of waves under the finger, one beat running into another. Skin hot and dry, with an increase of heat every day at 12 o'clock. Pupils dilated, with injected state of the conjunctiva of the left eye, and flush on the left cheek. I continued revulsive remedies, and repeated general bleeding for the third time. Partial relief for a few hours succeeded the bleeding, but the heat of skin and frequency of the pulse were increased when reaction came on. He slept with his eyes half open, and muttered during his slumber. When awake, manifested a confused perception of himself and every thing about him. Under the debilitating and revulsive plan of treatment pursued, apprehending subacute myelitis to be his disease, his excitement became augmented in intensity and duration. He now complained of frightful dreams, of burning heat in the brain, and thought himself a fireman of a steamboat. His tongue had been perfectly free from sordes for several days, the alvine discharges of a healthy character, and I determined to change my treatment. Accordingly I administered a wine glassful of Teneriffe wine, and repeated the dose every hour. In four hours his pulse receded to 94, his skin became soft, and he fell into a tranquil and refreshing sleep. He slept four or five hours, and when he awoke, complained of great debility. He had never before "felt weak." His excitement returned, and the wine was resumed. He continued taking it when awake, every hour, day and night, for two days, taking Madeira instead of Teneriffe. He improved so rapidly that his friends no longer sat up with him. When he would "over-sleep" himself, or neglect his wine, all his unpleasant dreams and sensations would return. He kept it by his bedside, and after taking two gallons, he began to feel intoxicated from two or three glasses a day. He had a rapid and perfect recovery. He was a *teetotaller*, and when he first took the wine, did not know the difference between Malaga and Madeira.

Case 7.—A negro girl, aged 8 years, had scarlatina,—was convalescent, became anasarcous, with high excitement of the heart and arteries, hot, dry skin. When I first visited her, her skin was hot and dry, pulse 110 in a minute, and full. She was partially deranged, and completely amaurotic,—was under the operation of calomel, had been blistered all over she scalp, the chest in front, and the abdomen. I directed mild poultices to the blistered surfaces, and gave her a teaspoonful of cogniac brandy every half hour. In one and a half hour a bottle of Madeira was at hand. A wine glass of wine whey was directed every half hour, with milk gruel *ad libitum*. I left her at this hour (5 P. M.) At ten at night her skin was moist, pulse soft and natural, and she was rational. At 12 o'clock her sight was restored. The wine whey was continued two or three days, at longer intervals, and she had a rapid and perfect recovery. I saw her two weeks after my first and only visit, and received the above narrative.

Except the first case reported, I have never seen but one patient die with this condition of the system. I was called to see her about three hours before her death, and found her comatose, unable to swallow, with stertorous breathing, and relaxed sphincters. She had been treated for meningitis. Her condition was in all respects like the case of Mrs. E., but farther advanced, when appropriate remedies were administered.

How shall we reconcile with known pathological principles the symptoms of neuropathic excitement and the therapeutic effect of the remedies used for its cure? "It may be laid down as a general principle, that when blood is lost to a considerable amount, the great nervous centres receiving an inadequate, and the rest of the nervous system an irregular, supply of the vital fluid, their excitability becomes largely and irregularly developed; so that under this impressible condition of the nerves, the blood-vessels whose functions are *carried on under their presidency* assume augmented action. And if owing to the previous existence of *hyperæmia* in any organ, the nerves proceeding to that organ are in a morbidly excitable condition, a fresh development of irritability may ensue after bleeding, and the hyperæmic condition, instead of being relieved by the loss of blood, may be augmented by it."—*Vide Dunglison's Gen. Therapeu., Art. Sedatives.* The same morbid condition which is produced by large blood-lettings is induced by the more gradual abstraction of the vital fluid, by purging, lactation, defect of nutrition, &c. &c.

"Some of the most obvious and striking effects of the loss of blood, or those of reaction, are such as to suggest the idea of increased power and energy of the system, and of increased action in some of its organs, and to lead to an erroneous or dangerous employment or repetition of the lancet, when a directly opposite course of treatment is required; while the state of actual but protracted sinking frequently resembles a case of oppression of the brain, or of congestion of the lungs, so accurately, as to prompt the unwary practitioner to a still more sudden and fatal use of the lancet."—*Vide Hall on Blood-letting.* Again, (I quote from the same author,) "I have already stated that the symptoms of reaction from the loss of blood accurately resemble those of power in the system, and of morbidly increased action of the encephalon, and from these causes the case is very apt to be mistaken and mistreated by the farther abstraction of blood. The result of this treatment is apt further to mislead us, for all the previous symptoms are promptly and completely relieved; and this relief, in its turn, again suggests the renewed use of the lancet. In this manner, the last blood-letting may prove suddenly and unexpectedly fatal."

Exhaustion, however induced, will, under certain circumstances, develope capillary excitement. Congestions in the venous system of the encephalon follow, and serous effusion terminates the life of the victim. Effusion in the brain, I believe, is more frequently induced by improper depletion, and the use of the lancet, than from active congestion or inflammation. According to the experiments of Drs. Saunders and Leeds, there is effusion in the brain of serum in all animals bled to death. And if, says Dr. Kelly, "instead of bleeding *usque ad mortem*, we were to bleed animals more sparingly and frequently, we shall find a larger quantity of serum." The diagnosis of this condition is doubtful, and must be drawn from an assemblage of all the symptoms, and a knowledge of the remedies that have been employed, the history of their effects on the patient and morbid manifestations. In doubtful cases, we have often to make a diagnosis upon which the life of the patient depends, and instead of *bleeding in the erect posture*, as recommended by Marshall Hall, or the use of the more potent and permanent stimuli, I have generally given in doubtful cases a combination of camphor, morphine, and nit. æther, in such small portions as to act energetically, but transiently. In the first periods, from augmented impressibility of the nervous system to sedatives, one fourth or even one eighth of a grain of morphine produces decided sedation. In the last periods of venous congestion, coma, and relaxation, the clear state of the adnata, stinging heat of the surface,—the pale countenance, blue lips, and distended veins, and rapid, variable, and almost empty condition of the arterial contractions, will at once, to the experienced practitioner, indicate the condition.

Maugre the objections of therapeutists to wines and distilled spirits as stimulants, because they act with accumulated intensity, I find them more efficacious in this condition than any other. Ammonia, in adynamic, neuropathic or exsanguious conditions, often produces profuse perspiration, and aggravates the condition it was intended to relieve. In the reaction of collapse, or the collapse of typhus, I generally alternate them. If the wine produce too much excitement, with dry skin, ammonia is given. If the perspiration become profuse under the administration of the ammonia, wine is substituted with the happiest effects.

For the American Medical Intelligencer.

Art. III.—ON THE EFFECTS OF OPIUM IN BRONCHITIS.

BY ALFRED T. KING, M. D.

Greensborough, Pa., Dec. 2, 1840.

To Professor Dunglison, M. D.

Dear Sir,—There are but few books which I have read with so much pleasure and profit as your Elements of Therapeutics, a work which I believe should be read and studied by every student and practitioner of medicine. The value of any medical work must be estimated by the lucidness and precision with which it indicates a correct system of practice; and the truth or the falsity of any doctrine or views promulgated by a medical writer can only be correctly tested by actual trial and repeated experiment. And in this manner have I again and again tested the correctness of your views, and the practical value of your pathological and therapeutical deductions. I allude more directly, in these remarks, to your views, as stated in the work above mentioned, in reference to the *modus operandi* of opium in phlegmasiæ, particularly in the phlegmasiæ of the bronchial mucous membrane.

Opium, in all its forms, has been usually proscribed during the inflammatory stage of diseases, and in none more than in bronchitis and pneumonitis. It has been alleged, in support of this view, that it always diminishes secretion and exasperates inflammation. This is doubtless false. You mention what is almost a self-evident truth, that "the first effect of high inflammatory excitement in a mucous membrane is to diminish its wonted secretion, and after the inflammatory action has existed for a time, an increase of its secretion takes place; but it is no longer healthy. The obvious indication is to remove this pathological condition of which these effects are only symptomatic. Now, a narcotic in an appropriate dose we know to be sedative, and capable of diminishing the force of the circulation and the energy of innervation." This reasoning struck me as extremely plausible, if not correct; and I determined that I would put it to the test the first favourable opportunity. It was not long ere an opportunity offered itself, and I need not add that the experiment was entirely successful. Many cases have since occurred in my own practice, in which the effects of this giant remedy were no less remarkable. A case, indeed, recently presented itself, in which a large dose of opium appeared to check the disease like a charm. This case I shall briefly describe:—

Mrs. S., of hale constitution and sanguineous temperament, was attacked October, 1840, suddenly, with great dyspnœa, accompanied by wheezing, an incessant cough, at first without any expectoration, but after a time the expectoration became copious, pain in the breast, and high inflammatory fever. Percussion,—Slight dulness under the right clavicle, in every other part the chest was resonant. Upon applying the stethoscope, the sonorous and mucous râles were very distinct over the whole of the right lung, particularly the former râle. Under the left clavicle, over a space of about three inches, the crepitating râle was very perceptible. The sonorous râle, also, was very distinct in the upper part of this lung. Was there inflammation of the parenchymatous structure of the lung where this crepitating râle was heard? This I considered an unequivocal case of bronchitis, complicated with tubercles, probably, under the right clavicle, and a slight pneumonia. I accordingly bled, purged, cupped, and administered antimonial solution, with some relief to the patient.

As I resided about fifteen miles off, I was unable to see my patient for some days. About three days after the first visit, a messenger came in great haste, and desired me to go immediately with him. He said Mrs. S. was but little relieved, that she coughed almost incessantly, and had not slept since I was there. I had some urgent business to attend to that afternoon, which prevented me from going immediately with the messenger. Here, I thought, was a favourable opportunity for trying again the effects of opium. I accordingly sent Mrs. S. 3 grs. of denarcotised opium, with directions for her to take one half immediately, and if it did not give relief in one hour, to repeat the other half. This she did as I directed. The next morning I saw her, and was astonished to find her breathing with comparative ease, and she had little or no cough. She told me that soon after taking the second part, she began to breathe more easily, the cough ceased, and she fell into a tranquil slumber, from which she did not wake for six or seven hours, and then with almost perfect relief from her distressing cough and impeded respiration, with which she had been harassed for nearly a week.

With much respect, I am yours truly,

Alfred T. King, M. D.

BIBLIOGRAPHICAL NOTICE.

Dr. M'Clintock's Introductory Lecture.[1]

This is a well written and well conceived address. Few lectures of the kind have come before us which are entitled to more commendation, or which present fewer occasions for criticism. The following extract, in relation to the advantages of anatomical knowledge to the surgeon, is a specimen of the author's matter and manner:

> "In former times, when surgery held no elevated rank in relation to general science, the operative surgeon left to the physicians the difficult and laborious work of examining and understanding the bodily organisation; and the former were content to be the mere agents or assistants of the latter. But, in reading the history of medicine, you will find that this second-hand knowledge was inefficient; that the art was rude and cruel, compared with its present perfection; and that its practitioners held no higher rank than the knights of the razor, who performed, indeed, in many cases, the honourable and useful duties of the twofold profession, of barber and surgeon. As

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[1] Annual Lecture. Introductory Lecture to the Winter Course of Anatomy in the Philadelphia School of Anatomy, delivered on Monday evening, Nov. 2, 1840. By James M'Clintock, M. D., Lecturer on Anatomy and Surgery, one of the Physicians to the Philadelphia Hospital, &c. Published by the Class. 8vo, pp. 16. Philadelphia, 1840.

anatomy began to be cultivated, however, and the surgeon devoted more attention to it, the art began to rise in dignity and importance; and now, when every practitioner is supposed to be thoroughly informed in that science which contains the elements of his art, that art itself is second to no human employment in the excellence of its objects, the elevation of its character, and the dignity of its reputation.

"A very slight glance at the former condition of surgery, as contrasted with its present perfection and glory, will satisfy you of the truth of these remarks. Twenty-three hundred years ago flourished Hippocrates, the Father of Medical Science, who, like Homer and Raphael, in their respective arts, not only created this science, but brought it to a high degree of perfection, by the impulsive force of his genius, and the unwearied energy of his research. So accurate were his experiments, and so profound his observations, that he unfolded the history of acute diseases with so much clearness and precision, that twenty centuries have hardly detracted from the value or added to the amount of his researches. But he was far from attaining the same degree of perfection in surgery. And why? Because the circumstances with which he was surrounded,—the prejudices of an ignorant and superstitious people, and their religious veneration for the asylums of the departed,—by depriving him of the opportunity of dissecting the human body, raised up insurmountable obstacles to the proper study of anatomy; and his knowledge of the subject, founded chiefly upon the external appearance of the body, and on the examination of the structure of those animals which were supposed to approach nearest to man, was necessarily limited and imperfect. In the study of acute diseases, commonly occurring, which presented strongly marked symptoms, and only required a just and sagacious observation of their succession and relations to each other, in order to the formation of a correct history of them, these imperfect notions were sufficient; but in surgery, the want of anatomy was immediately felt, and the consequence was that the science, even in the hands of so great a master, made little or no improvement. And it remained in its infancy for nineteen hundred years longer, until, in the beginning of the sixteenth century, the genius and boldness of Vesalius gave new life to anatomy. The darkness that had so long hung over surgery was soon pierced by the new and brilliant light which the advancement of anatomy diffused over all branches of medicine, and under the illuminating power of this clear and certain flame, the art soon assumed a new aspect, and suddenly rose to a high pitch of perfection in the hands of Ambrose Paré, the distinguished surgeon of Charles IX. whose great and well deserved reputation saved his life in the memorable night of the massacre of St. Bartholomew. To this day, the countrymen of Paré claim for him the same high place among surgeons that is assigned to Hippocrates among physicians. And among all the great names that adorn the history of surgery in later times, the Petits, the Desaults, the Le Drans, the Munros, the Hunters, the Coopers, and the Physicks,—you will not find one, the foundation of whose high renown was not deeply laid in the study of anatomy; here they prepared themselves for those successful operations which made them the admiration and wonder of their own times, and for those brilliant discoveries and inventions which have transmitted their glory undiminished to ours,—nay, which shall crown every one of these honoured names with the immortal reward of an imperishable fame.

"There is no quality more indispensable to the surgeon than that undisturbed coolness of mind which cannot exist without a strong and just confidence in his own powers, and in his preparation for the arduous task before him, when he is called upon to perform some important operation. This just self-confidence is essential to every pursuit in life. To quote the language of Bulwer, "If you rob genius of its confidence, you clip the wings of the eagle." No great enterprise in the walks of science, literature, art, or business, has ever been accomplished without it; it nerves the arm of the warrior, it gives energy and power to the decisions of the statesman, and it enables the scholar to struggle on, through years of unceasing labour, with full hope of the final reward of all his toils. But to the surgeon, of all other men, is this calm confidence and self-reliance indispensable. He is called to the side of a wounded man—life is fast ebbing away—his judgment must be almost as rapid as his eyesight, and his action must follow, as rapidly, the decisions of his judgment, or the patient will die in his hands. Now, under such circumstances, a man must either be thoroughly ignorant of anatomy, or fully learned in it, in order to have confidence in himself. I can imagine the former confidence, that of the quack, who knows nothing of the wonderful mechanism of the human frame, and of course is ignorant of the dangers that lie before him, to be as strong as that of the skilful anatomist, who comes to his task, not only fully aware of all the dangers that attend it, but also furnished with the knowledge necessary to avoid or obviate them; but surely, gentlemen, it is not requisite to warn you against the ignorant, reckless foolhardiness of the one, while I hold up to you, as the object which you should aim at and pursue with unwavering perseverance, the well grounded self-reliance of the other. Nor, after the remarks that have been made, is it hardly necessary to say to you, that the surgeon who is possessed of only an outline knowledge of anatomy, will have no pretensions to the just confidence in himself which the thoroughly furnished operator can indulge; while, on the other hand, his knowledge of the structure and constituents of the body will be sufficient to make him tremblingly alive to every danger, and to fill his mind with the most harassing apprehensions. Most sincerely is such a man to be pitied for his miserable condition, but most heartily is he to be despised for the inexcusable carelessness and indolence that have brought him into it. Behold him, standing over his patient faltering, hesitating, disconcerted: hardly knowing where to apply his knife, and certainly ignorant of the results of its application,—in the language of John Bell—'trembling at the thought of what he has to do,—acting only as he has seen others act,—he is interrupted, startled, perplexed with every new occurrence. He has foreseen nothing, provided for no accident, and every accident alarms him. He moves fearfully and timorously onward; like a blind man who walks with an air of confidence on an accustomed road, but when any new object presents itself, or the road is changed, is bewildered and lost.' 'Such operators are seen agitated, miserable, trembling, hesitating in the midst of difficulties, turning round to their friends for that support which should come from within, feeling in the wound for things which they do not understand, holding consultations amidst the cries of the patient, or even retiring to consult about his case while he lies bleeding in great pain and awful expectation; and thus, while they are making ungenerous struggles to gain a false reputation, they are incurring reproaches which attend them through life.'

"What a picture is here! Nor is it overcharged, gentlemen, as you may have learned already from observation,—I hope you never may from experience. Let it sink into your hearts, and be thoroughly impressed upon your memories, and it will effectually prevent your placing yourselves in such a false and unhappy position. As you would not dare to risk your own life in the hands of any surgeon whom you thought not thoroughly skilled in anatomy,—so may you never rashly undertake to trifle with the lives of your fellow-men, by undertaking to perform dangerous operations upon them without this indispensable preparation. Every man who loses a patient under such circumstances and for such reasons, is morally responsible for the life of his victim,—for *victim* he is, to the stupidity, the idleness, or the carelessness of the man to whom he entrusted his life. May you never incur so fearful a responsibility! Now more fearful than ever, because the means of improvement in anatomical knowledge are placed within your reach, and nothing but patient perseverance and industry are necessary on your part in order to secure it."—P. 11.

MISCELLANEOUS NOTICES.

A Paper on Diseases of the Skin. By C. N. Berkeley, M. D.[1]—The present state of our knowledge of diseases of the skin presents a striking contrast with that of other affections, both medical and surgical. While pathological investigations have been pursued with interest, and daily additions thus made to accurate diagnosis and treatment of disease in almost every form, affections of the skin, the most palpable lesions of the system, and those most evidently challenging the notice of the practitioner, have in this country been so much neglected, as in part to be thrown out of regular practice, and consigned to the care of empirics. Reasons for this are offered, such as the comparative infrequency of occurrence of cutaneous diseases, the habit of domestic treatment in their mild forms, and their intractable nature when brought to the physician in the chronic or inveterate stages, &c. But, perhaps, a better excuse may be found in the difficulties supposed to attend their study, from the want of systems of classification and nomenclature adapted to these diseases as presented in the United States. There is certainly much weight in this; for, besides the objection on the ground of the expense of importing the French and English works, the diseases they describe differ so much in variety and extent from those occurring with us, as to offer strong difficulties in the way of a just comparison, thus rendering these works of less practical value than their intrinsic merits would indicate.

These difficulties may be obviated, we think, at least for practical purposes, by assuming some plan, based upon the classifications of foreign writers, which shall embrace most of the diseases they describe, with those of our own country, but so arranged as to correct in part the confusion of a multiplicity of synonymes, and at the same time indicate the general nature of each class and variety of disease. Such a plan is now offered,—not to the scientific inquirer, who will, of course, refer to the authors themselves from whose works it is partly drawn,—but to the student whose opportunities do not permit access to them, and to the practitioner whose engagements will not allow him the time necessary for their study and comprehension.

To establish a classification on a strinctly *scientific basis*, we should assume for it the anatomical lesions and pathological phenomena of the diseases to be arranged. This has been attempted in those of the skin, but with little success. To comprehend the difficulty of such a plan, we must investigate the special anatomy of the skin: we give it very briefly, as demonstrated by Messrs. Breschet and Roussel de Vauzeme. According to their observations, the skin consists of—1st, the *dermis*, enveloping the capillaries, the lymphatics, the nervous filaments, and the parenchyma of other organs contained in its substance.

2d. The *papillæ*, or organs of touch, the extremities of the nervous filaments.

3d. The perspiratory apparatus, or organ of secretion and excretion of perspiration.

4th. The apparatus of inhalation, or absorbent canals.

5th. The apparatus producing the mucous matter.

6th. The apparatus producing the colouring matter.

Some doubts exist as to the accuracy of these investigations, since Chevalier under similar circumstances arrived at very different results; still we will assume them as nearly correct, some such organisation being necessary to account for the various functions of the skin. Our object in bringing them forward is to show the almost impossibility of establishing a pathological arrangement of cutaneous diseases,—that is, of assigning to each of them a cause, and a location in an abnormal condition of one or the other of these tissues. How could inflammation exist in the perspiratory apparatus without involving that of inhalation and absorption; or how could the minute vesels of the mucous tissue be affected without implicating those of the colouring matter? for the space occupied by each of these systems is so small as to defy detection with the naked eye, requiring the assistance of the most powerful glasses to render them evident to the senses. Daily experience shows the impossibility of inflammation existing in one or the other organ of the skin for a considerable time without extending to those adjacent. Thus, in eczema, the most common vesicular affection of the skin, the first and simplest form presents a slight elevation of the cuticle, filled with clear serum, and apparently without inflammation; a degree farther we find a partial change in the character of the serum, and evidences of inflammation, as in eczema rubrum. Still farther, we have the serum entirely altered, becoming purulent, and covering the surface with scabs, as in eczema impetiginodes, which soon becoming pustular, presents a genuine impetigo. The same condition prevails in scabies, which, if neglected, at different periods of its duration exhibits every variety of cutaneous disease, from the simple vesicle, its type and origin, to the severest forms of pustular and papular affection, followed by universal desquamation. These facts illustrate the position assumed, and warrant, we think, an attempt at some simpler and more practical classification.

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[1] Medical Examiner, January 2, 1841, p. 5.

In the following plan a distinction is drawn between syphilitic and venereal cutaneous affections; this is not the proper place to give the reasons for such a distinction. Syphilis is used to express *chancre* and its *special* consequences; *venereal* implies all other diseases, the results of *impure coition*, not dependent on chancre. We propose to follow Plumbe in part, arranging cutaneous diseases under two general divisions. First, those of local origin, or dependent on the skin alone: second, those of a constitutional character, produced by some cause affecting the general system and developed through the skin.

First Division.—Diseases of the skin proper, or those originating in the skin, independent of, though modified by, constitutional causes.

Pustular Diseases.

Synonymes.				
Varus	Acne	A. mentior sycosis—probably contagious.		
Gutta rosea		A. punctata	Generally chronic	Non-contagious.
Dartre pustuleuse		A. syphilitica		
Couperose		A. indurata		
Copper nose		A. sebacea		
Couperose		A. rosacea, acute		
Tinea-Teigne Favus P. lupinosa	Porrigo	P. favosa	Contagious when originating as porrigo around the bulbs of the hair; when consequent on impetigo, probably non-contagious, though followed by permanent baldness in the affected part.	
Ringworm		P. scutulata		
Agria Scabies fera Furunculi Atonici	Ecthyma	Non-contagious; sometimes complicated with syphilis; chronic.		

Vesicular.

Dartre squammeuse Humid tetter Running scall	Eczema	E. simplex, or solarc, closely anologous to lichen tropicus, or prickly heat	Non-contagious.
		E. rubrum,—often periodical; usually the origin of chronic E. in debilitated constitutions	
		E. impetiginodes,—apt to lose its vesicular form, and become impetigo	

Synonymes				
Vesicular.				
Itch Psora-gale Rogne	Scabies	Generally acute and contagious; when chronic, it loses its vesicular character, and becomes either pustular, squamous, or papular; in the latter form closely resembling prurigo senilis. Scabies is produced by the acanus scabei.		
Squamous.				
Scabies sicca Dartre furfuracée arrondie Dartre ecailleuse Dartre squammeuse lichenoide Dry scall Scaly leprosy Scaly tetter	Psoriasis	P. guttata P. labialis	Generally acute	Non-contagious.
		P. circinnata, or lepra P. diffusa P. inveterata P. preputialis P. palmaris, grocer's or bakers' itch	Chronic	
Dandriff Dartre furfuracée volante Lichen	Pityriasis	P. capitis—chronic		Non-contagious, and rarely the subject of medical treatment.
		P. versicolor P. rubra	usually acute	
Fish-skin disease	Icthyosis	Chronic and non-contagious.		
Bullous.				
Ulcus Atonicum	Rupia	R. simplex; acute and non-contagious.		
Tubercular.				
Herpes exedens Lupus vorax Dartre rongeante	Lupus	L. exedens L. syphiliticus L. non exedens	Non-contagious.	
Cancroide Keloide	Cheloidea	Chronic and non-contagious.		
Maculæ.				
Mother mark Spilus Mole	Naevi	Naevi vasculares.		

SECOND DIVISION.—Diseases produced by causes acting through the constitution.

Pustular.			
Crusted tetter Dartre crustacée Running tetter Melitagre	Impetigo figurata Imp. sparsa	Porrigo larvalis Tinea mucosa Crusta lactea Teigne Dartre crustacée flavescente	Non-contagious, and frequently salutary in its influence, especially in children, during the summer and winter.
	Venereal and syphilitic	The most common form of venereal and syphilitic cutaneous affection.	
Glanders Farcy glanders	Equinia	E. glandulosa—acute glanders Farcy glanders, generally chronic	Contagious.
Vesicular.			
	Eczema	E. of the scalp, confounded with porrigo Chronic E. E. of the face, mistaken frequently for crusta lactea, or impetigo	Non-contagious, and perhaps salutary.
	Syphilitic & venereal	Very rare—chronic	

Vesicular.

Synonymes.				
Tetter Dartre Olophlyctide	Herpes	H. phlyctenodes	Generally acute	Non-contagious.
		H. labialis		
		H. preputialis		
		H. zoster		
		H. iris		
		H. circinatus,—evanescent ringworm, liable to become chronic		

Squamous.

	Syphilitic eruptions	Unconnected with other forms of cuatneous disease, and perhaps entirely dependent on constitutional syphilis.

Papular Eruptions.

Papula Scabies sicca Gall leche Dartre furfuracée volante	Lichen	L. simplex	Acute—non-contagious.
		L. strophulus—red gum	
		L. urticatus	
		L. agrius	
		L. syphiliticus—generally of venereal origin	
Pruritis Cresmos Scabies papuliformis	Prurigo	P. mitis—acute	
		P. formicans	Generally chronic and non-contagious; in the form of P. senilis, perhaps salutary, especially in females, after their "change in life."
		P. senilis	
		P. podicis	
		P. genitalium	
	Syphilitic		Generally result of constitutional syphilis.

Exanthemes.

Essera aspretudo Nettle rash Purpura urticata Febris urticata Exanth-urticatum	Urticaria	U. febrilis	Chronic generally	Non-contagious.
		U. evanida		
		U. tuberosa		
Intertrigo Tooth rash Gum	Erythema	E. fugax	Acute—non-contagious.	
		E. papulatum		
		E. nodosum		
	Erysipelas	Acute	Non-contagious; sometimes epidemic in hospitals.	
		Chronic		
Rose rash Rosacea Rubeola Spuria	Roseola	R. infantalis	Acute and non-contagious.	
		R. annulata		
		R. aestiva		
		R. autumnalis		
		R. syphilitica	A primary affection, usually coincident with gonorrhœa; at times chronic.	

Maculæ.

Land scurvy Petechia Peliose	Purpura	P. simplex	Acute—non-contagious.
		P. hæmorrhagica	
		P. syphilitica	Acute and chronic; perhaps purely of syphilitic origin.
Liver spots Tâches hepatiques Chloasma	Ephelis		Generally chronic; non-contagious; apt to accompany pregnancy, and retire with its cessation.

Bullous.

Febris bullosa Pompholyx Dartre phlyctenoide confluente	Pemphigus	P. acute	Acute	Non-contagious.
		Pomphol-solitarius		
		Pomph-diutinus—chronic pemphigus		

Bullous.			
Synonymes.			
Ulcus atonicum	Rupia	R. prominens R. escharotica R. syphilitica	Chronic; non-contagious.
Tubercular.			
	Elephantiasis	Chronic—non-contagious.	
	Syphilitic tubercle	Generally of syphilitic origin—chronic.	
Unclassified Diseases.			
Frambœsia			
Mollusum			
Lepoides			
Melanosis			
Furuncle	Not properly a disease of the skin, but of the sub-cutaneous cellular tissue.		
Scrofula	Incapable, perhaps, of originating, yet complicating and modifying all the diseases embraced in the second division.		

Variola, varioloid, and vaccina; varicella, with military fever; rubeola and scarlatina, are omitted. With the exception of vaccina, they are essentially fevers, and belong to works on general practice. Vaccina, if classified, would be considered as confined to the skin proper; it is not introduced on account of its intimate relations with variola.

Stokes on the Chest.—A copy of this work, sent to us by its distinguished author upwards of two years ago, has, from accidental circumstances, only just reached us. Messrs. Haswell & Barrington have, we are informed, some copies of the English edition for sale.

Philadelphia Medical Society.—At the annual election held on Saturday, 2d January, the following officers were elected for the ensuing year:—

President.—Thomas Harris, M. D.
Vice Presidents.—George B. Wood, M. D.; Robert M. Huston, M. D.
Treasurer.—J. Brewer, M. D.
Corresponding Secretaries.—B. H. Coates, M. D.; W. Poyntell Johnston, M. D.
Recording Secretary.—Joshua M. Wallace, M. D.
Orater.—Isaac Parrish, M. D.
Librarian.—J. F. White, M. D.
Curators.—Joseph Peace, M. D.; John B. Griscom, M. D.

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Art. I.—CASE OF SEVERE COMPOUND FRACTURE.

BY S. T. NEWMAN, M. D.

St. Francisville, La., January 4th, 1841.

Dr. Dunglison,

Sir,—If the following case is worth a place in your journal of medicine, it is at your disposal. Respectfully,

S. T. Newman.

On the 24th of February last, I was called to visit Esther, servant-girl, living six or eight miles from Amsterdam, Miss. The girl, I was informed, had broken her leg. When I arrived I found her suffering extreme agony; and upon removing the covering which had been thrown over the affected limb, my sensibilities were shocked at the mangled appearance it presented. I found instead of a fracture (which I expected to see,) a luxation of the joint, made by the foot on one part, and the tibia and fibula on the other, in which the foot was almost torn from the leg; it being torn from the external malleolus upwards and across the instep, down to the tendo achillis; this tendon, however, was not injured. The accident occurred in the following manner: the girl was sitting on the axletree of a wagon, with her legs hanging carelessly down; while in this situation the wagon was driven over a stump, and she not observing it, permitted her foot to be caught between the stump and the axletree. The consequence was, that as the leg was pushed forward and the foot held back, the tibia and fibula were forced through the capsular ligament, tendons, and integument, externally, to the distance of nearly two inches, while at the same time the surrounding soft parts were contused and lacerated (by the cutting edge of the stump) to a wonderful extent. It was the left limb that was implicated, and notwithstanding the foot was driven toward the external malleolus, with a force that will be easily conceived of, yet the tibia and fibula did not lose their attachment, contrary to what might have been expected, when we take into consideration the manner the fibula is allied to the astragalus, so as to form the external malleolus.

The extent of the injury was such as to induce me to think that amputation would be proper. Before modern improvements in surgery, amputation would have been looked upon as inevitable. But bearing in mind the precepts inculcated by Professor Dudley on this subject, viz. that a surgeon ought to be indictable for a high offence who would deprive a person of a limb of so much importance as either of the extremities, save where the injury is of such a nature and extent as to preclude the possibility of restoration, which he thinks rarely happens;—and recollecting, too, the statement of Mr. Hennen, that it is more honourable to the surgeon to save one limb than to have performed numerous amputations, however successfully:—actuated by these considerations, and ascertaining that there were uninjured vessels sufficient for the nourishment of the foot, and that the girl was also healthy and of good constitution, I determined to make an effort to save the foot; for which purpose I had as suitable an apparatus made as circumstances would admit in which to place the leg. Then having a permanent bed prepared, I set about adjusting the injury. Making a black man (for the overseer of the plantation was absent, and I could, being in the country, get no other assistance,) take hold of the leg so as to steady it, I gradually extended the foot until (with other manipulations which suggested themselves,) I returned it to its place, which, in consequence of the injury the muscles had received, it was not disposed to retain, until forced to do so by splints and a roller, lint being applied over the wound to absorb the secretions. I should have remarked, when describing how the parts were torn, that there was less hemorrhage than might have been expected, the hemorrhage indeed amounting to almost nothing. I now adjusted the limb in the apparatus previously prepared, and leaving further directions to be followed during my absence, I left, for I could not await the time of bleeding.

Visited her early on the 25th. Found she had passed a miserable night. Bowels regular, pulse full and somewhat incompressible. Bled her until the activity of the circulation was reduced. Dressing not removed. Prescription: antimonial powders to be taken during the day, and an opiate at night.

26th. Visited her in company with my friend Dr. Hansford. Upon removing the dressing, the wound presented a very unfavourable appearance. Sanies discharged in large quantities. After washing it with tepid water and Castile soap, dressed it with dry lint, supporting it as before. Pulse strong and somewhat bounding. Abstracted blood to affect the general system. Prescription unchanged.

27th. Visited her again with Dr. H. She complained less of pain, but upon inspecting the wound, so unfavourable were the appearances exhibited, that Dr. H. and myself were fearful it would be incurring too much risk to the constitution to defer amputation. There was considerable sloughing both of muscles and tendon. Large quantities of sanies were discharged. We determined, however, to wait a day or two, to see what nature would do. The wound was cleansed, and emollient poultices applied, to be reapplied at proper intervals.

28th. The wound but little altered. Treatment the same. For the next two or three days there was not much change in appearance; the tendons and muscles continued sloughing. Discharge of matter enormous, but becoming more healthy in appearance. Dead portions of muscle and tendon were from time to time removed, and in the course of a few days appearances of granulations were seen. I continued my visits until the 11th March, and up to this time the wound bore as favourable an aspect as could have been expected, reparation going on in a decided but slow manner. At this period I delivered the girl up to her master, Dr. Joseph Jones, of Vicksburg, who had been absent, but returned to Vicksburg about this time, and visited his plantation immediately upon hearing of the accident. I cannot describe the progress of cure after 11th March, but at this time (September 12), the girl is able to walk about and attend to plantation service. She limps considerably, which in the very nature of things must always be the case, as the joint must ever remain partly anchylosed.

S. T. Newman, M. D.

Art. II.—ON PATHOLOGY OF THE JOINTS.

[We extract the following article, being "a Succinct View of the Present Condition of Knowledge on the Pathology of the Joints," from the last (Oct. 1840) number of the British and Foreign Medical Review,—being a critical notice of the works of Sir B. Brodie, R. Adams, J. Blackburn, L. H. Schumer, and E. J. Lederle.—Ed.]

1. *Diseases of the Synovial Membranes.* The synovial membranes are arranged on the same general plan as the serous, forming, like them, closed sacs. That they pass over the surfaces of the cartilages can no longer be a subject of doubt, since, in addition to the previous strong and almost sufficient evidence in favour of that view, Henle has found, with the microscope, that a fine cellular corium, covered by a delicate layer of epithelium, passes over the exposed surface of all the articular cartilages.[1] There is undoubtedly, also, "some analogy in the diseases" of the synovial and of the serous sacs; but it is far from perfect; and on the very first point which Sir B. Brodie mentions (p. 7), that of "swelling of a joint from a preternatural quantity of fluid collected in its cavity, without pain or inflammation," we find an important difference between the two. The dropsies of serous sacs are of two distinct kinds: in one the fluid passes out from the vessels by a power which is entirely local, by an act of secretion; in the other it transudes from them under the influence of simple mechanical pressure, which may be imitated at will by artificial injections, or its excessive effusion is the consequence of some physical change in the condition of the blood. In the first class of effusions we find the effects of pleuritis, peritonitis, and, more definitely, hydrocele; in the second, the ascites of obstructed partial circulation, and the more general dropsy of obstructed circulation from disease of the heart, in which anasarca of the cellular and other soft tissues coincides with effusion into the serous sacs.

Now the synovial sacs are subject only to the first kind of effusions; to those which arise from a local secretory power. It has often been observed as a distinction between serous and synovial membranes, that the one is commonly, the other never, the seat of simple dropsical effusions, and the difference has usually been ascribed to some yet unseen diversity of tissue, or to a yet more vague peculiarity of vital action. We believe that the cause of the distinction lies in neither of these circumstances; but in the peculiar construction of the cavities which the synovial membranes line, and in the difference between them and most of those that are lined by serous membranes. As the blood passes along the vessels in healthy circulation, just sufficient fluid transudes through their walls to keep the adjacent tissues and surfaces slightly moist; but if the pressure of the blood against the walls of the vessels be increased by any obstacle to the passage of venous blood, or (which comes to the same thing) by an increased force of the arterial blood without any increased means for its passage through the veins, more fluid must of necessity pass through the walls of every vessel that is not supported by the unyielding pressure of some firm substance around it. In all the soft and easily extending tissues, therefore, and in all the cavities with yielding walls, dropsy is thus at once produced, the force of the obstructed blood being amply sufficient to distend those parts. But it is different with the hard tissues and the unyielding cavities, such as the cartilages, the tendons, the cerebro-spinal cavity, and the joints; in these no mechanical dropsy (such as arises from disease of the heart) can take place, for the same force by which the fluid is effused in increased quantity in the parts already mentioned, is totally unable to distend them. Hence, though all the tissues around them are soaked in fluid, no tendon or cartilage is ever anasarcous in a general dropsy; and this not for want of vessels, but because the walls of those vessels are bounded by unyielding tissues into which fluid could transude only under a far greater force of pressure. For the same reason, while in similar cases the abdomen and the pericardium are distended, and the lungs are compressed by the fluid effused from the obstructed vessels within and around them, the nervous centres in their cavity of fixed and unalterable size, and the joints with their tough, unyielding walls, are unaffected.

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[1] Ueber die Ausbreitung des Epithelium. Müller's Archiv. 1838, Heft 1.

The dropsies of synovial sacs, then, are entirely the result of a local act of secretion; they correspond to hydrocele, and to the effects of pleuritis and peritonitis, &c.; but there are no affections of the joints analogous to ascites or the coincident effusion from obstruction into other serous sacs. In passing, we would point out these facts as illustrative of the difference between secretion and mere mechanical effusion: and of the varieties of the forces by which, under different circumstances, fluids are made to pass through the walls of vessels. The force of secretion is in these cases shown to be sufficient to produce, in a few hours, such a distention of a joint as could not have been effected in as many years by the force of exudation exercised by an obstructed column of blood driven on even by an hypertrophied heart.

But this affection, this hydrops articuli, in which an increased quantity of fluid is poured into a joint without pain or inflammation, and in which the fluid differs but slightly from common synovia, is of rare occurrence. The more frequent cause of effusion of an increased quantity of fluid into a joint is a distinct inflammation of the synovial membrane.

On reviewing the cases of this class which Sir B. Brodie relates, as well as those that have fallen under our own observation, it is evident that, as subjects of morbid anatomy, the changes produced by this inflammation present peculiarities of two kinds,—one depending on the peculiarity of the tissue itself, the others on that of its construction and arrangement. The latter have been by no means sufficiently considered, though they are of great importance in explaining some facts which, at first sight, appear anomalous.

As the subject of disease, the synovial membrane cannot be abstractedly considered. Regarded as a homogeneous thin layer of tissue lining the whole joint, it is yet evident that both in health and disease the performance of its functions must be materially influenced by the character of the tissue subjacent to it, and from or through which it receives its vessels. Sir B. Brodie (page 6) states it as a principle to which all will agree, that "living organs are more subject to have their natural functions deranged in proportion as they are more vascular, and as they are employed in a greater degree in the process of secretion." But the degree of vascularity in the synovial membranes of different joints, and even in that of the same joint, is by no means fixed; the same membrane where it lines the articular cartilage is far less vascular than where it lines cellular tissue or fat; less vascular, again, where it is placed on ligament than where it lies on bone or periosteum. The liability to inflammation, and the severity of the results of the same inflammation of a synovial membrane, will therefore be determined, not by a certain vascularity peculiar to itself (as they are in muscle or in bone), but by the vascularity of the tissues beneath it; for the vascularity of the various portions of the synovial membrane is determined by that of the tissue through which each receives its vessels.

We might illustrate this principle of the influence of subjacent tissues upon the diseases of lining membranes by several examples; but we will take only one, that of the inflammation of arteries and veins. The lining membrane of the whole system of blood-vessels is continuous, and in all its parts similar, whether we receive the older view of an internal thin layer of cellular tissue, or the correct demonstration of Schwann, that it is chiefly composed of fibres of elastic tissue, in which, if any, a longitudinal direction is discernible, and whose surface is lined by a fine epithelium.[1] In either case the linings of the arteries and veins may be considered identical. Yet how different are their diseases. Acute arteritis is one of the rarest affections, but acute phlebitis is of comparatively common occurrence. And in the effects of each there is no less marked a difference; in arteritis the highest degree of inflammation produces only a slight effusion of lymph or adhesion; while in phlebitis, suppuration, and the abundant formation of lymph, are common and almost constant effects. There seems no other sufficient reason for such a difference in the results of the same disease in two tissues of the same kind than this,—that in the one the tissue receives its vessels from a surrounding very vascular layer of cellular membrane, in the other from a layer of elastic tissue, in which vessels are but just demonstrable; and that in each part its own vascularity is directly proportioned to that of its subjacent tissue.

Other examples of a similar kind will at once present themselves to the reader's mind. To apply the principle which they establish to the affections of the synovial membrane: The tissues on which it is placed might be arranged according to their vascularity in the following order: adipose and cellular tissue; bone and periosteum; tendon and ligament; fibro-cartilage; articular cartilage; and as a general rule (to which, however, certain local circumstances will cause individual exceptions,) we think it will be found that the morbid changes of the several parts of the membrane lining these tissues, both in severity and frequency, follow the same series.

When, for example, we examine an old diseased knee-joint, in which the history shows that inflammation commenced in the synovial membrane, we do not find its whole lining equally affected; but by far the most severe results of the disease are seen on the portions beneath which adipose tissue is placed, as above and by the sides of the patella; here it is most thickened, most spongy, most vascular, and covered by the greatest quantity of lymph; on the periosteum around the edge of the cartilage, and on the front of the crucial ligaments, similar effects are much less in degree; and on the surface of the cartilages they are altogether absent. But the synovial membrane is over all these parts, *per se* the same; and there is every reason to believe that all of it is simultaneously and equally attacked by the disease; so that there can scarcely be any other cause for the differences than the different natures of the subjacent tissues.[2]

In like manner (though in the determination of this result there must be many more modifying circumstances), we believe that the comparative frequency of disease of the synovial membrane in different joints, depends in great measure on the degree of vascularity of the tissues by which the walls of each joint are formed. In none is the disease so common as in the knee-joint, and no joint has more of its synovial membrane in contact with adipose tissue; next to the knee in this respect may probably be placed the elbow, and here again a considerable quantity of loose and vascular tissue surrounds the joint; while in the hip, where there is a complete and dense fibrous capsular ligament, with the low degree of vascularity peculiar to that class of tissues, primary disease of the synovial membrane is by comparison of very rare occurrence. Sir B. Brodie regards the exposure to cold as the chief cause of the frequency of inflammation of the knee-joint, and Mr. Adams partially coincides in that opinion; the influence of cold cannot be denied, but its sufficiency may be doubted when the disease is far more rare in the wrist and ankle, which are more exposed to cold than the knee, but a greater portion of whose contour is occupied by fibrous tissues.

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[1] Encyclop. Wörterb. des Medicin. Wissenschaften. Art. Gefässe. His view is confirmed by Gutenberg, Raeuschel (De Arter. et Venar. Structura), and Henle, (Ueber die Ausbreitung des Epithel. Müll. Arch. 1838), though in some measure contradicted by Valentin, (Repertorium, &c.)

[2] By this explanation, too, the chief objection urged against the presumed passage of the synovial membrane over the cartilage is destroyed; if the cartilages themselves are obscure in their manifestations of disease, so must be the membranes which are so intimately connected with them, and which receive from them a great part of their vascular supply.

These circumstances, then, which are often regarded as anomalies, namely, the varied frequency of common inflammation of the synovial membrane in different joints, and the varied degrees of its severity, as exhibited in its products, in different parts of the same joint, are, we believe, fairly explained by the different degrees of vascularity possessed by the surrounding subjacent tissues, from which the synovial membrane receives its vessels. We may now proceed to the diseased appearances whose peculiarities are more probably referrible to the nature of the synovial tissue itself.

The effect most commonly and often permanently left by inflammation of the synovial membrane is thickening. This differs from the analogous change produced in a serous or mucous membrane, by the parts being less dense and firm; the thickened part is soft, and easily tears; it has a spongy œdematous character; its free surface, instead of being smooth and polished, acquires a delicately granulated or almost villous aspect, not unlike that of a granular conjunctiva; and at the edges of the cartilages it often overlaps them, just as a chemotic conjunctiva overhangs the margin of a cornea.[1]

In this condition the tissue of the membrane undergoes no material change; it is only swollen by the effusion of serous fluid, and usually of lymph, into its areolæ, which, if the affection be not complicated with other articular diseases, are often rapidly removed after counter-irritation or other means. There is another state which possesses some, though an obscure, relation to this simple thickening, but which is much more serious in its nature. Sir B. Brodie regards it as a change peculiar to the synovial membranes of joints, and belonging to the same class with tubercle, carcinoma, &c.

"The morbid action evidently originates in the synovial membrane, which loses its natural organisation, and becomes converted into a thick, pulpy substance, of a light brown and sometimes of a reddish-brown colour, intersected by white membranous lines. As the disease advances, it involves all the parts of which the joint is composed, producing ulceration of the cartilages, caries of the bones, wasting of the ligaments, and abscesses in different places." (p. 79.)

This form of disease is that which Dr. Lederle, with most of the German writers, describes as fungus genu, and to which he applies the extraordinary appellation of "dynamico-vegetative pseudoplasm." It is also one (and if they understood any thing definite by the name, the especial) form of disease described by the old writers as white swelling. We are inclined to think that it is more commonly an effect of simple chronic inflammation of the membrane than Sir B. Brodie regards it; its most common situation, the knee, is that in which the synovial membrane is far most frequently inflamed; its history is often that of protracted inflammation; the shades between it and common thickening are so numerous, that they are scarcely separable; and it does not, like other specific or malignant diseases, affect either the same tissue in different parts, or different tissues coincidently. Further pathological investigation is still necessary on this subject; the interest of which is the greater because the disease in its advanced stages admits neither of cure nor alleviation; and if it be in any case the result of the neglect of a more simple disease, its prevention should of course be the object of much greater care than is usually bestowed on common stiff joints.

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[1] In this, as well as in many other circumstances, in both their natural and morbid structure, one cannot but be struck with the closeness of the analogy between synovial membrane and the conjunctiva. The comparison was first made by W. Hunter, who was, indeed, in this part of his descriptions, singularly felicitous; witness the famous comparison of the serous sacs to double nightcaps.

In thickening of synovial membranes, serum and lymph are effused in the areolæ of its tissue, and very generally in the adjacent parts, which become hard, tough, and unyielding, lose all their power of sliding upon one another, and in some cases form an almost homogeneous, brawny, infiltrated mass, in which the dissector has difficulty in discovering even those things that in health are among the most prominent. At the same time lymph and serum may be secreted on the free surface of the synovial membrane and into the cavity of the joint. The effusion of lymph, however, is on the whole less frequent in the synovial than in the serous sacs; a circumstance in which again they appear in some measure intermediate between serous and mucous membranes. The lymph may form adhesions between the opposite surfaces of the membrane; for adhesions are the result of inflammation, not of any particular tissue, but of all tissues which are so arranged as to present two surfaces sufficiently near each other to permit the lymph effused upon one to adhere to that upon the other, and thus in one mass with it to be organised. Where this arrangement is wanting, whatever be the tissues inflamed, it is evident no adhesion between them can take place. In the synovial sacs adhesions are on the whole less frequent than in the serous; probably in consequence of the little power which some of the tissues composing the former possess of producing or receiving new vessels. Thus, suppose lymph effused on the surface of a synovial membrane, opposite a cartilage; the chance that the cartilage will either produce or receive new vessels to communicate with those that form in the lymph is but slight. But there are only a few parts of the joints in which the synovial membrane covering one tissue is not opposed to that covering cartilage, and the adhesions that do form are generally found in these parts, as, for example, where the synovial membrane of the wall of the joint is opposed to its own reflexion over the bone. Hence, in the knee, the frequency of the cases in which the cavity of the articulation is obliterated above the patella, and at the sides of the condyles of the femur, and round the head of the tibia. The cases are rare in which adhesions pass the surface of the synovial membrane covering the cartilages; but they occasionally happen, and are, we think, more common in the ankle than in any other joint. There are several specimens of the kind in the College of Surgeons; and we have seen more than one in which a distinctly vascular adhesion passed from one cartilage to the other without having any connection with the more vascular parts of the synovial membrane lining the walls of the joint; evidence which alone affords as good proof of the vascularity of cartilage as most *facts* in medicine are based upon.

The next degree of the effects of inflammation of the synovial membrane is suppuration. It affords a good example of the production of pus without ulceration; though the doctrine of suppuration from a sound tissue has lost its verbal truth since Henle proved the existence of a synovial and a serous epithelium, and rendered it probable that before pus-globules can be produced from a membrane's surface, the epithelium cells must be removed. The pus is therefore produced from the *raw* surface of the synovial membrane, just as it is from the cutis when its epidermis is removed. The production of pus, like that of dropsies in synovial sacs, is by a process of secretion, which overcomes all the resistance of the walls of the joint, and often distends them to an enormous size. In this case there can be no doubt of the propriety of Sir B. Brodie's advice that the fluid should be let out by an opening made into the joint; the sufferings which the patient endures from an otherwise irremovable and still increasing collection of fluid distending all the tissues around it, at once declare the necessity of the measure. He limits the practice to these cases; and except in considerable collections of pus, we cannot but doubt the propriety of cutting into a joint.

Yet there are many good practitioners who do not hesitate to adopt the same means in many other cases, under the idea that the inevitable anchylosis will be accelerated. Their arguments for this practice, however, seem to furnish their own contradiction; it is true that anchylosis often follows the wound of a healthy joint, and so does death sometimes; but, say they, the opening of a diseased joint is very different from opening a healthy one,—it produces no ill effect, and may be done with perfect safety. But if it produces no ill effect, will it produce anchylosis, which is the most common ill effect that follows it when performed on a sound joint? For what are the obstacles to the occurrence of anchylosis in the common course of the disease which the operation removes? We believe none—unless the opening lets out such a quantity of fluid as was sufficient to separate the surfaces that should adhere. For osseous anchylosis to take place, the cartilages must be removed and the bones exposed; granulations must arise from each of them, and uniting, become osseous; if pus, or any other fluid, keep the granulations apart and prevent their union, it should undoubtedly be removed; but if not, the process will go on as plainly as the union of a simple fracture, and, for aught we can see, it would be as wise to pass a lancet between the ends of a broken bone, under the idea of accelerating their union, as to open a joint not full of pus, in the hope of accelerating its anchylosis.

It the pus be not artificially removed from a joint, it will slowly make its way out by ulceration through one of the spaces between the dense tissues of the walls, or if the joint have a capsular ligament, through the meshes of its fibrous fasciculi. The aperture first forms where the resistance is least, in accordance with common physical laws; the fluid pressing equally in all directions, distends, and produces its injurious effects most rapidly where the parts are weakest. The artificial opening of the distended joint is thus the more advantageous, because it is a rare coincidence in which the weakest is at the same time the most dependent part; and a naturally formed opening will seldom be placed so as to permit the the fluid to pass off by it rapidly enough to keep the joint empty. Thus, in the knee, openings most frequently form at the sides by the lateral ligaments; or in front, just by the sides of the ligamentum patellæ; or if they form behind, it is too often by the pus creeping through a long and tortuous course, in the ham and down by the heads of the gastro-cnemii. An artificial opening may of course be made wherever the patient's position and other circumstances render it most desirable; cæteris paribus, that which Sir B. Brodie recommends, in the most depending part, will be the best.

That important morbid condition in which pus is simultaneously deposited in a number of joints is still, as to its pathology, most obscure. Scarcely any advance has been made in our knowledge of it since Mr. Arnott's admirable paper on Phlebitis was published in the Medico-Chirurgical Transactions. Of its frequent coincidence with phlebitis there can be no doubt; but it is far from proved to be a consequence of it: on the contrary, cases are not wanting in which the venous system, though carefully examined, has been found quite sound. On all connected with these cases much more evidence is yet required; and it is to be hoped that their explanation will be one of the first practical results of the microscopic observations on pus and suppuration, which are now occupying so many active minds, but have as yet been lamentably barren of profitable results.

In the natural progress of disease, the pus formed in a joint will pass out of it by ulceration; it is much more rare for it to pass from without inwards, and by ulceration to produce perforation of a joint. But such cases (though as yet, we believe, almost undescribed,) do occur, and they are perhaps the most terrible, in their symptoms and progress, of all the diseases that affect the joints; for they are equal to the ulcerative perforations of the serous sacs in their rapidity of local progress, and though less quickly fatal, are even far more painful than they are. Happily the conditions in which they can occur are but few; they are only those in which a collection of pus is formed in some tissue adjacent to a joint, and is prevented from making its way externally by some dense unyielding substance between it and the surface of the limb. This is sometimes the case when the head of a bone is necrosed, or has a suppurating cavity formed within it; as the fluid increases, and the bone around it is removed, it may at last perforate the joint through the ulcerated cartilage, and the destruction that follows it is alike rapid and painful. More rarely, an abscess formed externally to the joint opens into it at some part where the synovial membrane is guarded by weaker tissues than those which lie superficially to the pus, and in these cases, also, a rapid destruction of cartilage, with intense inflammation of the synovial membrane, and the most acute suffering, are sure consequences. Amputation, which the severity of the symptoms at once demands, probably affords the only prospect of recovery.

We have considered the several degrees of the affection of the synovial membrane separately, because it is of the utmost importance in their treatment to know that in the early stages of disease of the joints only this part may be affected, and that, therefore, the limb may by timely and proper care be restored to complete health. Sir B. Brodie particularly insists on the necessity of knowing what the early conditions of these diseases are, before they have proved fatal to the limb or life by involving all the tissues adjacent to that primarily affected. It is probably from lack of opportunity of observing these early changes, that nearly all writers but himself describe the affections of joints as so complex, and so rarely isolated in any one of the tissues composing them. This is in some measure the case with Mr. Adams, who, though not denying the probability that the diseases of a joint may commence in any one of its tissues separately, yet refuses to take advantage of the evident distinctions that might be founded on that fact, and writes of inflammation of the hip-joint (*arthritis coxæ*) in general, distinguishing only the three forms of acute, strumous, and chronic rheumatic inflammation; and of the diseases of the knee-joint, under the general name of arthritis genu, distinguished only into acute, simple chronic, chronic rheumatic, and chronic strumous arthritis. This, however, is depriving morbid anatomy of much of its practical benefit. To be sure, when we get a diseased joint to look at, it is in general only when it had ceased to afford any hope of ever being useful to the patient, and when he is either dead or maimed; and then, no doubt, we may find the ravages of synovitis, chondritis, osteitis, and many more such enemies, as formidable in nature as in name; but we should remember that there probably was a time when there were fewer to contend with; that all these crept in one by one, each establishing himself on the ground near that which was already occupied by one of his allies. If any thing is to be done for the cure of this class of diseases, it must be attempted before many of the tissues are affected; the chances of benefit are always inversely to the number of those terrible *ites*, and the more separately we consider them all, the better shall we be prepared to combat with each.

[To be continued.]

Medical Institute of Louisville.—The annual catalogue of this institution gives the names of 205 students now in attendance. Of these there are—from Kentucky, 70; Tennessee, 50; Alabama, 21; Indiana, 19; Mississippi, 17; Ohio, 8; Missouri, 5; Illinois, 4; Arkansas, 4; Georgia, 2; South Carolina, 1; Virginia, 1; New York, 1; Texas, 1; Iowa, 1.

Geneva College, New York.—The annual catalogue has the names of 136 matriculates attending during the present session.

ART. III.—REPORT OF AN OPERATION FOR THE REMOVAL OF A LARGE BONY TUMOUR, CALLED "SPINA VENTOSA OF THE SKULL."

BY GEORGE M'CLELLAN, M. D.

Professor of Surgery in the Pennsylvania Medical College.

[The following article, which appeared in the January number of the American Phrenological Journal, ought not to belong exclusively to the phrenologists. It is certainly equally interesting to the unbeliever in the "science;" and is well worthy of attention in its surgical relations.—ED.]

Early in the month of December, 1838, Thomas Richardson, a resident of the city of Pittsburg, called on me for surgical aid. He was then twenty-two years of age, and had been afflicted about three years with a tumour upon the vertex of his skull. About six months before the first appearance of the tumour, he received a severe blow from a missile on the affected region, after which he occasionally experienced tenderness and pain there. As the tumour gradually increased, it produced a determination of blood to the head, attended with a sense of fulness, and a giddiness on stooping. But he was not deprived of any intellectual power; nor were any of his sensations or muscular actions disturbed.

The tumour was very hard and unyielding, and had been pronounced to be an *exostosis* by every surgeon who had examined it. It was oblong in shape, being four inches in the long, and three and one fourth in the short diameter. It was raised in the centre about one and three fourth inches above the surrounding portions of the outer table of the skull, and extended from about an inch beyond the sagittal suture on the right side obliquely to the left, and backwards over the adjacent portion of the left parietal bone. It occupied, phrenologically, the organs of firmness, self-esteem, approbativeness, and a part of cautiousness, on the left side.

I was induced to undertake an operation for extirpating this tumour, chiefly because no symptoms of cerebral affection could be discovered other than those which a moderate determination of blood to the head might produce. Two long incisions were first made at right angles near the centre of the swelling, and afterwards the scalp was dissected up from the whole surface, and, to some extent, around the sound bones. With a long, narrow saw, held in a tangent to that portion of the circumference of the cranium, I then cut off the entire tumour, apparently at its base. The saw moved with difficulty while it was passing through the external table, but with great ease when it was acting upon the interior of the mass. This first led to the suspicion that the disease was not an *exostosis;* and when the prominence had been removed, it was made evident that a far worse state of things had to be encountered. The exposed surface presented perpendicular cells, or cavities, like those of a honeycomb, which were filled with a bloody, or pulpy and sanious matter. The case was at once decided to be a *spina ventosa* of the skull, and it was therefore deemed necessary to extract the whole mass from the surface of the dura mater beneath. A long and tedious extension of the operation was then undertaken. The whole mass of the tumour was circumscribed by the circular edge of a small Hays's saw, and the mass was pried out in successive fragments by an elevator, occasionally aided by the bone nippers and forceps. This part of the operation proved exceedingly difficult, for the tumour extended inwards much deeper below the internal table, than its outer surface had risen above the external table of the skull. Finally, however, a removal of the whole morbid structure was effected, and the dura mater was exposed, thin and livid in appearance, at the bottom of a deep cavity which the bystanders estimated to be capable of holding four and one half ounces of water. There were no pulsations visible, although the circulation was strong and full. Some small spiculæ of bone adhered to the dura mater, which were extracted by the aid of forceps. In extracting the last of these, which appeared to penetrate the dura mater, a prodigious gush of venous blood issued, after which the patient fell into a convulsive syncope. The hemorrhage was supposed to proceed from the longitudinal sinus, and was therefore arrested by graduated compresses and a bandage. The angles of the wound were brought as near together as possible over the compresses, for the purpose of affording support to them while they were confined by the bandages. Very little irritation resulted from this operation.

In nine days the compresses were loosened by suppuration, and, on removing them, the whole of the exposed surface was found to be granulating, and the orifice in the great sinus was closed. But the brain had not risen up to occupy the exposed cavity; and it was found impossible to place the flaps of the scalp in contact with the dura mater in the usual way, so as to close the wound. Mild dressings of patent lint were applied over the surface, and confined with moderate pressure by means of a double-headed roller. On the twelfth day after the operation, the cavity below the bone was evidently diminished, and every day thereafter it continued to decrease, until, in the fourth week, the surface of the brain covered by the granulating dura mater had risen up to the level of the inner table. The natural pulsatory motions did not appear, however, until the cavity was nearly filled; and, in the mean time, forcible pressure could be made on the surface of the brain without exciting any degree of stupor or inconvenience on the part of the patient. But as soon as the pulsations began to appear, every kind of pressure proved irritating to the brain. At the same time, a remarkable change took place in the character and bearing of the patient. He then became exceedingly timid and irresolute. It would render him pale and almost pulseless to approach him with a pair of scissors for the purpose of trimming away his hair from the margins of the wound; and the sight of a piece of lunar caustic, or a pair of forceps, in the surgeon's hands, would throw him into great trepidation. This state of his mental faculties continued for a long period after his complete recovery from the wound. He could not even go down into a cellar containing some plaster busts without a sense of faintness and sinking; and the operation of taking a cast of his head in plaster nearly prostrated all the functions of his mind and body. His carriage also became remarkably affected. Instead of retaining his natural erect posture and bearing, he sunk his head and shoulders into an awkward stoop, and looked timidly and anxiously forward, as if he was afraid of blundering against a door-post.

At the time of the operation, and until the pulsations of the exposed portion of his brain returned, he was remarkable for his firmness of mind and resolution. No patient ever bore a severe and protracted operation with more intrepidity. He sat upright in a chair, without any confinement, until the blood-vessel gave way at the close of the operation; and during its performance, he repeatedly inquired of the bystanders if it was the brain which was coming out under the efforts of the surgeon. It has been, moreover, stated by those who have known him well for years, that previous to this injury he had always been distinguished for his firmness, courage, and independence.

He is now (two years after the operation) living in perfect health at the Exchange Hotel, Pittsburg. He is engaged in active business, and is entirely exempt from any symptom of a return of the disease. His former firmness and intrepidity of mind have been gradually returning for a year past, and at present no departure from a healthy condition of mind or body can be discovered. A thickening or induration of the flaps of the scalp, which resulted from their long exposure and separation from the subjacent dura mater, and which at one period gave origin to a report that the disease had reappeared, has become entirely softened down and attenuated, by the natural process of absorption.

As this case occurred during the period of Mr. Combe's first course of lectures in Philadelphia, it excited great attention among all phrenologists. One of the gentlemen who attended the operation addressed a letter to Mr. Combe, stating that both organs of firmness were lost or destroyed; and asked for an explanation of the apparent contradiction in the conduct of the patient to the principles of phrenology. Mr. Combe read this letter publicly to his class, and endeavoured to explain away the difficulty, by locating the position of the tumour posteriorly to the organs of firmness. On a further and subsequent examination of the wound, however, he decided that a great portion of the skull over the region of firmness had been removed, together with that of several of the neighbouring organs, as I have enumerated them,

In no respect, however, does this case militate against the principles of phrenology. The organs, instead of being destroyed, were merely displaced or depressed by the growth of the tumour, in the same way that deformities are produced in some of the savage tribes by gradual pressure of the skull. Perhaps a better analogy may be drawn between the state of these organs and the parts of the brain pressed upon by internal effusions of blood, and depressed fractures, which do not produce the symptoms of compression. A compensation is then made for the space occupied by the effused blood or depressed bone, by a corresponding amount excluded from the cavity of the vessels, and retained in the general circulation.

A careful examination of this case will, I think, elicit observations in support of phrenology. The tone and excitement of the depressed region of the brain must probably have been increased by the invasion of the tumour, on the same principle that the muscles of labouring men are sometimes supported by leathern straps and bandages. On the other hand, the extirpation of the tumour must have had the same effect in removing the tension and mechanical support of the organs, as tapping for abdominal dropsy exerts upon the viscera of that great cavity. As soon as the depressed convolutions began to be unfolded or distended by the pulsation of the blood-vessels, they experienced a want of that pressure which had before stimulated them into an increase of activity. Their tone then became enfeebled, and continued so until the scalp had contracted adhesions to the outer surface of the dura mater, and the cicatrix became consolidated, so as to afford a firm and counteracting support to the pressure of the circulation below.

While Mr. Richardson was recovering from the operation, he was visited by several phrenologists, for the purpose of establishing the precise location of the wound. Although they differed in their opinions in regard to the degree in which the organ of firmness was involved, they all agreed that self-esteem was affected, and some thought the injury extended also to the organ of concentrativeness. Inquiries were therefore directed by them to the manifestations of these faculties; and the patient did suggest some points of character in relation to which he conceived he had undergone an alteration. He asserted that he had for a long time previous to the operation lost his self-respect in the presence of company, and his power of confining his mind to any particular train of thought. But these peculiarities were not obvious to me, or to any of his familiar friends; and I have not thought it right to put them down in my estimate of his condition, as affected by the operation. Such affections may have been the result of that confusion in the mind which generally accompanies excessive determination of blood to the head. It has been suggested that they were produced by a paralysis of those organs which were most severely depressed by the deepest portion of the tumour; while, at the same time, the convolutions which lay under the edges of the tumour, and were only slightly pressed upon by it, were stimulated into increased activity of their functions. I will leave the decision of this point, however, to more experienced phrenologists, trusting that the facts which I have here given will be judged of according to their merits.

BIBLIOGRAPHICAL NOTICES.

Dr. Robinson on Delirium Tremens and Insanity.[1]

We are glad to receive this report from its estimable author. It is creditable to his literary and professional qualifications; and contains—what is always interesting to us, and especially so at the present time—an eloquent appeal in favour of the insane poor, whose condition appears to be as deplorable in Maryland as it is in this commonwealth.

Dr. Robinson has done us the honour to cite from our "second appeal," which we intend to insert in the "Library," as we did the former appeal, inasmuch as it contains facts and arguments that may be of service hereafter.

In the treatment of his cases of delirium tremens, Dr. Robinson's experience does not exactly accord with our own. Emetics, especially of salt, he has found of great value, when given at an early period, and we doubt not that they are often of service; but we cannot subscribe to the mixed opiate and alcoholic treatment which he advises. We had occasion recently to mention, that the cases must be few indeed in which alcohol is indispensable; and from a comparison of statistical results, we are satisfied that the number of thorough cures is not as great where alcohol is freely given as where it is withheld or administered with exceeding caution. When Dr. Robinson affords us a tabular view of the results of both modes of treatment, and establishes the superiority of the alcoholic, the opiate, or the mixed method, we shall bow, but not until then. But we need not repeat the views which we entertain on this matter, as they are familiar to our readers.

We extract the philanthropic appeal of the author to the people of the state of Maryland on the subject of a state asylum for the poor lunatic, and are glad to see so able an advocate of his claims on the commiseration and justice of the community.

The gentlemen of the board of trustees of the Baltimore Alms House, anxious to ameliorate the condition of the lunatic inmates, and convinced of the impractibility of instituting such a moral and physical treatment as is best calculated to restore them to health, unless in an asylum exclusively devoted to the insane, have already called the attention of the city and county authorities to the necessity of some more appropriate disposition of them, and have directed a few additional apartments to be prepared for their present accommodation. We are pained to acknowledge the inevitable necessity we have sometimes experienced, from the crowded condition of the cells and the large number of lunatics, of treating our delirium tremens patients in the immediate vicinity of, if not in the same apartment with, insane patients.

Seventy lunatics are now confined in this alms house alone. Twenty white males; thirty white females; seven black males; thirteen black females; besides twelve idiots. A portion of these are foreigners; some are individuals from other states, and some from other counties of this state, who find their way or are sent to Baltimore wholly unprovided for, and consequently have no other asylum but the alms house.

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[1] Report of Cases of Delirium Tremens occurring in the Hospital of the Baltimore Almshouse, with Observations; to which is added an appendix comprising an Appeal on Behalf of the Insane Poor of Maryland. By A. C. Robinson, M. D., one o the Attending Physicians. 8vo, pp. 47. Baltimore, 1840. (From the Maryland Medical and Surgical Journal, vol. 1.)

The whole number in the state of Maryland, including those confined at private houses, and such as continue immured in the county poor houses and jails, will soon be reported by the marshal. If the proportion to the entire population approximate that in other states, the new census will show a large class of indigent beings, afflicted with a malady now known to be curable in the proportion of ninety per cent. of recent cases, under an early and judiciously directed physical and moral treatment. Yet the sufferers, whose only crime is their poverty and disease, are treated as if unworthy of sympathy; forgotten in their prison-houses, where they are allowed little beside "the poor privilege to breathe," chained like convicts, or associated with vagrants, as was formerly the case in all parts of Europe, as well as in every portion of the United States, when, under the errors of a false philosophy and the force of prejudice, insanity was viewed as an infliction, the attempted removal of which was deemed idle, if not presumptuous.

When will Maryland arouse to the necessity of following the benevolent example of most of her sister states, in providing some suitable asylum for her insane poor,—where they may enjoy those comforts and conveniences, those occupations and amusements, which are acknowledged to be indispensable to alleviate, if not to cure? In such an asylum, how many would be restored to "mental existence" and usefulness, whose hallucinations are now aggravated,—the disordered functions of their brains goaded to excess, resulting in organic change and permanent fatuity, by being uncomfortably kept in crowded apartments, subjected, perhaps, to some form of personal restraint to protect them from each other; deprived of the benefits of exercise, amusement, and occupation; a condition as well calculated to induce insanity in a healthy individual, as to render it perpetual when once manifested.

Science and philosophy have triumphantly proved the curability of insanity, if attended to early; and the people of Maryland cannot continue deaf to the claims of this most unfortunate class of her citizens, and refuse to aid their escape from the justly dreaded deprivations of permanent insanity, and consequent confinement in the comparatively comfortless apartments of poor-houses, and the ill-ventilated, grated, and cheerless cells of county jails, identified with felons and vagrants.

Will Maryland allow herself to be longer—now almost half a century—behind France, Italy, and England; indeed nearly all Europe, and many years behind Maine, Massachusetts, New Hampshire, Vermont, Connecticut, New York, Virginia, South Carolina, Tennessee, Kentucky, and Ohio, in the good work of providing for her pauper lunatics? Will she still allow them to remain shut up, two, three, four, or more, together, without even the poor consolation of being alone in their misery?

The destitute condition of the insane poor of our state is, in truth, a dark blot upon her otherwise fair escutcheon, which, we trust, will soon be removed. Instructed by the experience of her sister states, that on the score of economy it is her interest, we hope she will follow the clear dictates of policy, if not of pity, and no longer refuse to make proper provision for this class of her citizens.

Bountifully providing for the destitute widow, orphan, and invalid, for the mute and the blind, can she permit her soil to continue one of the few spots where the poor lunatic is forgotten amidst her public charities, and left destitute of the comforts of existence, and every means of mental tranquillity! We hope not. But regarding the very partial provision made two years since, in 1837-8, by the appropriation of $30,000 to the Maryland Hospital[1] as an earnest of her future disposition and efficient action, we fervently pray that at an early day an asylum and a home may be given by the state to every destitute subject of mental disease within her limits.

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[1] On the 3d of April, 1838, a resolution, offered by Dr. Stephen Collins, a delegate from Baltimore city, passed the legislature of Maryland, in favour of the Maryland Hospital, by which $30,000 were appropriated for its completion,—distinct reference

An eloquent appeal has again been made in behalf of the insane poor of our sister state, Pennsylvania, which we doubt not will prove effective, so well is it calculated to re-enlist the active sympathies of her enlightened philanthropists in behalf of those who are no longer regarded, and should be no longer treated, as outcasts. Her chief magistrate, as her organ, in withholding his sanction (the necessity of which he deplored, but thought imperious, from the exhausted condition of the treasury,) from a bill making provision for the numerous insane poor of that extensive commonwealth, which was passed by the legislature two years ago, has avowed it to be her religious duty to provide, at her earliest ability, for the removal of so manifest an evil from amidst her people. And it being now shown to be her interest on the score of economy[1] alone, Pennsylvania, we are sure, will not

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being had, in making the improvements, to its exclusive use as a *Lunatic Asylum.* This resolution contains the following clauses: "*Provided*, that one half of said institution shall hereafter be appropriated to the accommodation of pauper lunatics of this state, who shall there be accommodated and treated at the expense of the county so sending such lunatic paupers; provided the same shall not exceed one hundred dollars for each pauper lunatic so sent."

This appropriation has proved totally insufficient to supply the necessities of the pauper lunatics of the state. Their number is estimated at not less than two hundred and fifty. The sum of one hundred dollars, to be paid by the counties to the hospital, is too small to bear expenses. It has been stated by Dr. Steuart, President of the Maryland Hospital Board,—a statement corroborated by the reports of the most economically conducted institutions at the north,—that the food, nurse-hire, medical attendance, and medicines of each patient costs one hundred dollars; and that clothing and fuel would cost twenty-five dollars additional. This loss the institution bears out of the small profits derived from the private patients.

It seems, however, that the counties very seldom avail themselves of this provision, preferring to continue their unfortunate lunatics in their poor-houses or jails, at an expense calculated not to exceed fifty dollars, with scarcely a chance afforded of recovery,—rather than incur the additional expense imposed by placing them at a hospital appropriated to the insane; where alone, if not restored to health, their condition may be so improved by a judicious course of moral government, seconded by cheerful exercise and healthful occupation, as to render them once more comparatively contented and useful. By this ill-judged economy, insanity is aggravated, and the sufferers continue during life totally helpless and dependent. Whilst, had their home been at a lunatic asylum, their moral, mental, and physical capacities would be so directed as to be conducive to their individual support, simultaneously with the improvement of their health and condition.

According to the census of Maryland for 1830, there were 291,108 white persons; 52,938 free coloured; 102,994 slaves;—total population, 447,040.

The census of Maryland for 1840 is not yet completed. From data supplied by the marshal, the number of insane, mutes, and blind, are estimated as follows. (The returns are evidently but partially correct.)

Number of insane and idiots at private charge, 193 whites, and 92 coloured.
" " " public " 127 " 72 "
" deaf and dumb, 157 whites, and 67 coloured.
" blind, 153 whites, and 82 coloured.

Two counties, Carroll and Caroline, not included in the above.

[1] See a Second Appeal to the People of Pennsylvania on the subject of an asylum for the Insane Poor of the commonwealth. Philadelphia, 1840. [Reported by a sub-committee, through their chairman, Dr. Dunglison.]

"A distinguished writer on insanity, M. Brierre de Boismont, who has published a work within the last year on the influence of civilisation on the development of insanity, and who considers the disease to prevail, as a general rule, in a direct ratio with the state of civilisation of the people,—estimates the proportion of insane in different countries as follows:—State of New York, 1 in 721; England, 1 in 783; Scotland, 1 in 563;

neglect this "Second Appeal." And for the sake of the character of our native state, we hope that Maryland will not be behind her in the benevolent undertaking and Christian duty. To induce union and efficient action in order to effect so necessary and desirable an object, we earnestly appeal to the state and city authorities, as well as to every philanthropist, and every Marylander. For who, in this enlightened period, so characterised by wisely bestowed and extended charities, will acknowledge himself without sympathy for, and consent longer to forget, the insane poor.

> "Who that bears
> A human bosom hath not often felt
> How dear are all those ties which bind our race
> In gentleness together, and how sweet
> Their force, let Fortune's wayward hand the while,
> Be kind or cruel?"

Dr. Robinson has added a report of the lunatic department of the Baltimore Alms house; from which it appears that the number of patients is 76: 36 males, and 40 females.

Dr. Wood's Obituary Notice of Dr. Parrish.[1]

This is the production of a liberal and enlightened gentleman, desirous of doing full justice to the respected subject of his memoir. Of the career of Dr. Parrish it is not necessary to add any thing in addition to what has already appeared in the pages of the "Intelligencer;" but they who are desirous of knowing more of his private and professional history will do well to seek for it in the notice before us, which is from the pen of a favourite pupil, and one capable of appreciating all his merits.

The late Professor Green, of Jefferson Medical College.—It is with the most profound regret that we have to notice the sudden death of our friend and colleague, who as a man was most estimable, and as a professor of chemistry signally zealous and successful. Hereafter we shall give a brief notice of his useful career.

Norway, 1 in 551; France, 1 in 1,000; Districts on the Rhine, 1 in 1,000; Belgium, 1 in 1,014; Holland, 1 in 1,046; Italy, 1 in 4,879; and Spain, 1 in 7,181.

"The proportion in the large cities he enumerates as follows:—London, 1 in 200; Paris, 1 in 222; Milan, 1 in 242; Florence, 1 in 338; Turin 1 in 344: Dresden, 1 in 466; Rome, 1 in 481; Naples. 1 in 791; St. Petersburgh, 1 in 3,133; Madrid, 1 in 3,350; and Grand Cairo, 1 in 30,714.

"In New Hampshire, when the population did not exceed 280,000, the number of lunatics was estimated at 600; in Connecticut, in a population of 298,000, at 700; in Massachusetts, with a population of about 612,000, there were 1,000; in Virginia, taking the population at 1,200,000. it was considered that there were, in 1838, not fewer than from 600 to 800 insane; and it is probable that there are at this time in Pennsylvania, in a population not exceeding 800,000, not less than 2,000 insane,—of whom, if we take the state of New York as a guide, the proportion of idiots will be about 1200, and of lunatics 800."—*Idem.*

[1] A Memoir of the Life and Character of the late Joseph Parrish. M. D., read before the Medical Society of Philadelphia, Oct. 23, 1840. By Geo. B. Wood, M. D. 8vo, pp. 72. Philadelphia, 1840.

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Art. I.—MEDICAL PROFESSION IN CHINA.

Macao, August 18th, 1840.

To Professor Dunglison.

My dear Sir,—Presuming that as a friend to science and a promoter of its best interests, you might be interested in the state of the medical profession in China, and in the means adopted to instruct the Chinese in its principles, I send you a chapter of the Canton Christomathy, treating upon the subject of medicine, and an article prepared for the August number of the Chinese Repository by one of the officers of the missionary hospital, William Lockhart, Esq., M. R. C. S., exhibiting in some degree the knowledge of human anatomy possessed by the members of the medical corps in China. The subject will be further examined by us as we improve our knowledge of the language, and thus become more able to examine into the mysteries of Chinese medicine.

Enough, however, is known to disprove the assertion of a late writer, that "anatomy is an art unknown to Chinese physicians." It is nevertheless true that their information on the structure of the human frame is of no use to them in their practice, which consists chiefly in feeling the pulse, by which they determine the sickness. It would occupy many volumes to enter into a detailed account of the doctrines of the pulse, as taught by the Chinese writers on medicine. It is enough for us to know that they enumerate twenty-four different kinds of pulses, with their sub-divisions. Du Halde gives an epitome of the doctrines in his justly celebrated History of China, a translation of which was published in London in 1741.

These sapient disciples of Æsculapius almost equal the celebrated nosologists Cullen and Good, when they divide diseases into more than one thousand different kinds.

Let it be our aim to impart to them the more rational principles which govern us in our efforts to cure disease; then may we hope to spread far and wide the blessings which a Sydenham, a Larrey, or a Rush have diffused among their countrymen.

I have the honour, my dear Sir, to be yours, most respectfully,

Wm. Beck Diver.

Section First.

CONVERSATION ON MEDICINE.

1. What is the object of medical science?

It is to protect and preserve human life; hence it is necessary to know the nature of medicines, and the origin of diseases, together with the laws of treating them.

2. In what estimation is medicine held by the Chinese?

Medicine, designed to protect and prolong human life, has been called the benevolent art; and therefore is esteemed second only to the literary profession.

3. What is requisite in order to enter the profession?

You must seek for some celebrated practitioner, and become his pupil. In order to search into the principles of the science, and investigate the nature of remedies, select several medical authors for study, and peruse them until the principles are understood, and your knowledge is extensive; then you may read all the professional writers.

4. Are there any medical schools?

There are none in all the country; but at Peking there has been established a great medical college, and persons most thoroughly acquainted with medicine, and possessing an unblemished character, are after examination selected to enter the college, to fill its offices, and to practise therein. This great medical college has one principal director, and also one of a secondary, and another of a subordinate, rank, who superintend and examine the treatment of all the nine classes of diseases, and who direct all those who are entrusted with the business of the institution. Fifteen members of the college hold the rank of imperial physicians; thirty are overseers; forty are masters of medicine; and thirty rank as bachelors of medicine.

5. Who are some of the ancient eminent physicians?

The earliest were the emperors I'm and Wóng; next were K'ipák and Pákkò; and after them followed Mòhám, Ts'óngkung, Píntséuk, Wát'ò, Shunyü I', Wóng Shukwó, Ch'an Kwai, Hü Háutsung, Lí Shíchan; and also there were Chéung Chungking, Lau Shauchan, Lí Tungún, and Chü Tánk'ai, designated the four great and renowned physicians, who are even to this day much esteemed.

6. What are the best medical books?

The medical books cannot be severally considered; for every branch having its own authors, the doing so would only perplex the student. But for matter and method none equal the "Golden Mirror of Eminent Authors," and the "Comparative Compendium of Medical Writers."

7. How are diseases to be treated?

Always in treating diseases, whether they be internal or external, it is necessary in all cases to examine into the origin of the malady by inspection, by hearing, by interrogation, and by feeling the pulse.

8. Are there any hospitals for gratuitous practice?

Sometimes only there have been such.

9. At the apothecary's shop, in what manner are medicines sold, and how are they compounded?

Medicines, in a crude or prepared state, are purchased from all the provinces, and are either cut in pieces or preserved whole; and then they are measured out according to recipes, sometimes several kinds being compounded together; at others they are formed into ointments, pills, or powders, or steeped in spirits, and retailed in small quantities.

10. Does the penal code speak on this subject?

It speaks respecting physicians: "On injuring or killing persons by an unskilful practitioner," it thus decrees:

"Whenever an unskilful practitioner, in administering medicines, or using the puncturing needle, proceeds contrary to the established forms, and thereby causes the death of a patient, the magistrate shall call in other practitioners to examine the medicine or the wound, and if it appears that the injury done was unintentional, the practitioner shall then be treated according to the statute for accidental homicides, and shall not be allowed any longer to practice medicine. But if designedly he departs from the established forms, and deceives in his attempts to cure the malady, in order to obtain property, then according to its amount he shall be treated as a thief;

and if death shall ensue from his malpractice, then, for having thus used medicine with intent to kill, he shall be beheaded."

Notes and Explanations.

Medical science among the Chinese is in a very different state from that to which it has been advanced by modern practitioners in the west. It is where it was centuries ago: many diseases are regarded as incurable for which modern improvement has devised sure and speedy remedies. However, a more thorough investigation of the healing art, as understood by this people, may yet be of essential advantage to the science. It would probably be found, were the subject sufficiently examined, that the Chinese, as a nation, enjoy as good a degree of health, and on an average attain to as great an age, as any other people.

1. Preventive medicine, or *hygiene*, is a part of the benevolent art to which the Chinese pay great, but evidently not too much, attention; they say, truly, "Prevention is better than cure." The words *pò ts'ün*, as here used, are quoted from an imperial work, and indicate that the primary object of the science is to preserve and protect men from illness, rather than to heal their diseases, or to cure their maladies.

3. The phrase *í lí*, or institutes of medicine, may be understood as comprising the general physiological, hygienic, and therapeutical relations of medicine, or the general and fundamental principles of the science.

5. I′m tai—Yen te, or the emperor Yen—is otherwise called Shannung, the divine husbandman, and the father of medicine. The emperor Wóng was his successor, and with him K'ípák was cotemporary. Pákkò lived about the same time. Mòhám, Ts'óngkung, with his pupil Píntséuk, lived prior to our era. Wát'ò is the physician said to have laid bare and scraped a bone of the hero Kwán, and so saved him from the fatal effects of a poisoned arrow: one is now styled a god of medicine, and the other of war. Popular tradition says that Wát'ò was decapitated at the instigation of Tsò Tsò, for having proposed to trepan that famous general with a view to cure him of an affection of the brain. Shunyü I′ lived near the same time. Wóng Shukwó is known by his work on the pulse, epitomised in Du Halde. Ch'an Kwai is said to have removed diseased viscera. Of Lí Shíchan, who flourished in the reign of Mánlik, of the Ming dynasty, it is enough to say he is the compiler and principal author of the *Pún ts'ò*. There are also many other physicians, ancient and modern, who are highly celebrated.

6. Besides these, there are many others in high repute and extensively used. In the sixth volume of the *Pún ts'ò*, there is a list of 276 medical works quoted by Lí Shíchan; and likewise a list of 440 miscellaneous works, historical, biographical, &c., from which he made extracts for his materia medica.

10. This law, here quoted, forms the 297th section of the penal code, and seems to be the only reference made therein to the medical profession. For engaging in the practice of medicine no license is required; but the physician must beware lest his medicines fail to have the desired effect.

Description of a Chinese Anatomical Plate, illustrative of the Human Body, with explanations of the terms.

The plate, the explanation of which is the object of the present paper, is copied from the *Kashira Gaki zoü ho*, or First Book in Instructing Youth, an encyclopediac Japanese work, containing descriptions, not only of anatomy, but of dress, houses, arts, mythology, &c. Figures of a similar kind are also found in various Chinese medical works. One is contained in the *Luy King*, a book consisting of twenty volumes, a collection of writings on several branches of medical science, anatomy, physiology, practice of surgery and medicine, and hygiene. A similar figure forms one of a series of four large anatomical plates (about three feet long) issued by the imperial medical college. It is possible that this Japanese drawing may have been copied from a Chinese original, but it is much superior in mechanical execution to the Chinese plates. The Chinese are by no means ignorant of some of the general principles of anatomy and physiology, though many of their ideas are so much obscured by what is frivolous and absurd, as to be almost entirely undeserving of attention. This is strikingly exemplified in their endless disquisitions on the *yin* and *yang*, which foreigners have considered as the female and male principles of nature. Almost every square inch of the external surface of the body has its peculiar name; and in all their series of anatomical figures, there are some individual plates appropriated to this extreme marking out of the surface, until the whole body is covered with names. In medical practice, they apply their external remedies to these various spots; and Chinese may frequently be seen with small patches of some adhesive plaster on various parts of the body, on the principle that when there is pain in any particular part of the body, a plaster must be applied on one of these arbitrary spots; these are the places where moxas and cauteries are to be applied, and they are called *heue.* All the prominent parts of the surface, as the shoulder, elbow, trochanter, and knee, are said to be under the influence of the *yang*, or male principle; while the depressions of the surface, as the armpit, bend of the arm, groin, and ham, are under the influence of the *yin*, or female principle!

They have some knowledge of the bones, and of their general shape and position, though they are not at all particular as to the way in which they are joined together, and make sad havoc among what anatomists call the processes of the bones. As to the muscles, they appear to know nothing about them or their use in the system, since they make no other remark upon the muscular substance than giving it the general term of *juh*, flesh. They call the tendons *kin*, and suppose that the strength of the bodily frame depends upon them; it appears to be applied also indiscriminately to all the fibrous cords. In regard to the blood-vessels, no clear distinction is made between the arteries and veins; there are certainly two names, *king* and *lo;* as also the names *king muh* and *lo muh*, given to these vessels. It would appear that *king* is merely the name of the straight vessels, and *lo* of the lateral branches; for in the *Nan King* it is said, "*king chih hing chay*, the *king* are the vessels that follow a straight course; and *lo pang hing chay*, the *lo* are those that have a lateral direction." Whether there be any other names given to the blood-vessels is uncertain; but the consideration of this subject, as also of the nerves, must be deferred for the present.

In regard to the shape and position of the viscera they have some general ideas, but these ideas are far from being correct. It appears as if some person had seen an imperfect dissection of the interior of the body, and then had sketched from memory a representation of the organs, filling up parts that were obscure out of his own imagination, and portraying what, according to his opinion, the parts ought to be, rather than what they in reality are.

The following is the description of the plate, beginning at the top; the explanation of the characters is drawn from Chinese sources:

The title of the plate is *Tsang Foo*, the organs of the human body. These organs are divided into two classes. The *tsang*, or parenchymatous viscera, of which there are five, viz. the lungs, heart, liver, spleen, and kidney; *foo*, or membranous viscera, of which there are six, as the large and small intestines, the stomach, bladder, gall-bladder, and the *san tseaou*, the three passages.

Naou, the brain.

Suy hae che yin, reservoir of the marrow, and the abode of the *yin* principle in its highest perfection.

Tung te, it has communication with the sacral extremity of the vertebral column.

How tung ke, the larynx, or passage for the breath.

Yen tung shih, the pharynx, or passage for the food.

Shen chung, the sternal region, or centre of the thorax; it is the space situated between the mammæ, is the seat of the breath, and has the office of envoy or imperial servant; joy and delight emanate from it. It can distinguish between the *yin* and *yang*, and, being the source of change, cannot be injured without danger.

Fe, the lungs; they are placed in the thorax, resemble the flower of the water-lily, and are suspended from the spine; they are divided into two portions, and subdivided into six (*ye*) lobes, four being on the left side, and two on the right. There are holes in them, out of which the sound comes; phlegm is produced in them; they are of a white colour, and correspond to metal. They have the office of transmission, and rule the various parts of the body.

Sin, the heart, is situated in the thorax, and holds the office of prince, or lord and ruler in the body; the spiritual intelligences (the thoughts) emanate from it.

Sin paou, called also *paou lo*, the pericardium; it comes from and envelops the heart, and extends to the kidneys.

Pe he, the bond of connection of the spleen.

Kan he, the bond of connection of the liver.

Shin he, the bond of the connection of the kidneys.

Wei he, the œsophagus.

Kih mo, the diaphragm, is situated below the heart and lungs, and has its several connections with the spine, the ribs, and bowels; it prevents the fetid exhalations from ascending.

Kan, the liver, is placed on the right side; it corresponds with wood, and is of a purple colour; it has seven lobes, and has the office of generalissimo; the *hwan*, or soul, resides in it; schemes and plans emanate from it.

Tan, the gall-bladder, is placed below the liver, and projects upwards into it; it has the office of judge; determination and decision proceed from it; when people are angry it ascends or expands.

Pe, the spleen, is situated near the stomach, corresponds to earth; it assists in digestion, and is of a yellow colour.

Wei, the stomach.

Fun mun, the cardiac extremity.

Yew mun, the pylorus.

The stomach is connected with the spleen, from which the food passes through the stomach into the large intestines; the spleen and stomach have the office of storing up; the five tastes emanate from them.

Che man, the omentum.

Tse, the navel.

Tan teën, the "vermilion field," or pubic region.

Seaou chang, the small intestines, are connected with the heart; the urine passes through them into the bladder, and is then expelled. They have the office of receiving abundance; digestion of the food is carried on in them.

Lan mun, the caput coli, is between the small and large intestines. Here a separation of the contents of the intestines takes place; the watery secretions flow hence into the bladder, and the grosser parts or fæces pass down into the large intestines.

Ta chang, the large intestines, are connected with the lungs, are situated in the loins, and have sixteen convolutions; they are of a white colour, and have the office of forwarding. Transformation is produced in them.

Chih chang, the rectum.

Kuh toau, or *kang mun*, the anus.

Kaou, or *te*, the sacral extremity.

Shin, the kidneys, are situated in the loins; correspond to water, are of a dark colour, and resemble an egg or bean in shape; they have the office of producing power and skill; ingenuity proceeds from them, and the subtle or generative fluid is eliminated by them; above to the brain and below to the sacral extremity they are the rulers. (The urine is not supposed, by the Chinese, to be produced by these organs, but by the separation of the fluid from the solid parts of the food.)

Ming mun, the gate of life; in this plate the *ming mun* is placed between the bladder and rectum, but in other plates the right kidney is called the *ming mun*. It would appear that the right kidney is the *ming mun* in the male, for they ascribe to the kidneys the office of storing up the subtle fluid, while in the female the same name is applied to the uterus.

Pang kwang, the bladder, is placed below the kidneys, and is the reservoir of the urine. There is an aperture in the large intestines (namely, the iliac valve), where the excrementitious matters are separated; the fæces go into the large intestines, and the urine into the bladder; this organ has the office of a local magistrate.

San tseaou, literally, three passages.

San tseaou chay, shwuy kuh che taou loo yay. The exact meaning attached to these *san tseaou* is not very evident, but apparently the Chinese and Japanese attribute all the more obscure functions of the viscera to them; they are supposed to encircle the cavities of the thorax and abdomen, and thus to connect the various viscera together. One description of them is as follows: "They are three in number, the upper, middle, and inferior. The upper one terminates in the superior orifice of the stomach, and governs the ingesta, but not the egesta. The middle one is in the central arch or bend of the stomach, and governs the fermentation and digestion of the food; it sends forth the watery secretions, and elaborates them into the lighter and more subtle fluids, which flow upwards to the lungs, where they are converted into blood, and thus support the animal frame. The lower one commences below the caput coli, and governs the egesta, but not the ingesta." All this is a mere speculation or dream, there being no such organs or functions as those now described. Indeed in the Nan King it is said, "they have a name, but no form or figure."

Tsing taou; the remark in the large plates on this passage is, "agitate the heart, the subtle essence is set in motion, the life gate imbibes and takes it up, and the subtle humours of the three *tseaou* are hereby shed forth."

Neaou taou, the urethra.

"The twelve offices or functions above enumerated must on no account have their relative connection disturbed, or great injury will assuredly arise in consequence. The emanations or vapours being changed, tears are produced."

The Japanese description of the wood-cut concludes with the following remarks on the fœtus: "It is said of the fœtus, that in the first month it is like a pearly dew-drop; in the second, it resembles a peach flower; in the third, the sexes can be distinguished; in the fourth, the form and figure can be perceived; in the fifth, the flesh and bones can be seen; in the sixth, the hair and down on the skin appear; in the seventh, the *hwan* or soul enters, and the child moves its right hand considerably; in the eighth, the *pih*, or mind enters, and the child moves its left hand; in the ninth, it turns itself over three times; in the tenth, the *ke*, spirit or subtle fluid, enters, and the fœtus is then born."

The purpose for which such communications as the present are made, is not that we may acquire any increase to our present stock of anatomical or medical knowledge, but that we may know exactly what are the ideas which the Chinese themselves have on these subjects, and to ascertain the names they apply to the parts of the human body, the names of diseases to which the body is liable, and the names and qualities of the plants and minerals they use as remedies. And before we can in any wise attempt to improve the state of medical and surgical knowledge among the Chinese, it is of the utmost importance that we first obtain a distinct knowledge of their own opinions and theories, vague and indefinite though most of them be.

It is not to be supposed that all the opinions they entertain on medical subjects are mere nonsense, for some of their works have evidently been written by men possessed of considerable talent, and who have carefully examined into the nature and causes of disease; and the rules and precepts given for the management of some affections are by no means to be despised. Still, the whole system of medicine is very defective; thus disease is supposed to arise in consequence of the fanciful accordance between the viscera, the pulse, metals, earth, colour, sound, &c. being destroyed; and then fever and other disordered actions are produced, and the remedies given are intended to restore the natural harmony between the organs and these elements,—which being accomplished, the health will be recovered. It is requisite, in reading Chinese medical books, to ascertain the accordances which are supposed to exist between the organs and various external objects, otherwise the idea intended to be conveyed to the reader will not be ascertained. It must always be borne in mind that although the Chinese reasoning on physiological subjects is in many cases erroneous, still the language in which those theories are expressed is accurate, and the descriptions, so far as they go, clearly convey the intention of the author. L.

Art. II.—ON PATHOLOGY OF THE JOINTS.

Concluded from page 297.

2. *Diseases of the Articular Cartilages.* We pass now to the consideration of the morbid alterations of the articular cartilages, and we come at once upon a fundamental question: Are there any proper diseases of articular cartilage? Are not all those that are so called the results of disease of the adjacent tissues and of the action of their products? The doubtful circumstance on which the answers to these questions must ultimately depend is the organisation, or, to speak more definitely, the vascularity of the cartilages. We will first consider the statements and opinions of those who oppose the vascularity and independent morbid alteration of these tissues, and then express our own opinions and those to which we assent.

The work of Dr. Schumer affords a good summary of the arguments generally advanced by the opponents of the independence of cartilages. The vascularity of articular cartilage might, as he rightly says (p. 11), be determined, 1st, by the flow of blood from a wound of its substance; 2d, by injection; 3d, by microscopic examination; 4th, by the morbid changes, if they are of the kind which cannot occur without vessels. But by none of these means, he and many others affirm, can their vascularity be demonstrated.

That no blood flows when an articular cartilage is wounded we readily admit; but no blood flows when the iris is cut, as in making an artificial pupil, or in any other operation, unless it is torn away from the ciliary ligament. Yet who doubts the vascularity of the iris, or that it is subject to peculiar diseases? And the tissue of articular cartilage is even more adapted for the prevention of hemorrhage from vessels divided in it than that of the iris is; for it is compressed within the limits of the space which by its unrestrained elasticity it would occupy, and, therefore, when it is cut, its particles instantly spring up against each other, and at once close any vessel that may be divided. The evidence of the absence of bleeding from its wounds is therefore valueless; the hemorrhage from a tissue is not directly proportioned to the size of its vessels, but to the circumstances in which they are placed, whether the tissue around them is unyielding or loose, whether and how soon they can contract, &c.

The evidence of injection is equally unsatisfactory. It is, we believe, true that no one has yet succeeded in forcing a coloured fluid into the very substance of the healthy articular cartilage; but it may be driven into vessels running over its free surface. We have done this in a perfectly healthy joint; but it is much less difficult when, by an inflammation, the synovial membrane covering the cartilage is slightly swollen; injection will then pass in distinct branching vessels derived from the circulus articuli vasculosus, for more than half an inch over the edge of the cartilage, in exactly the same manner as the vessels pass from the conjunctiva over the front of the cornea. Now it is not in the smallest degree probable that these vessels stop suddenly at this distance upon the surface of the cartilage, without passing like those of the cornea (to which they are in other respects so similar,) over the whole surface, and dipping into the substance of the cartilage itself. Nor is it more probable that a dense non-vascular tissue should thus be placed between two vascular surfaces; there is but one instance in the body of a non-vascular organ so situated—the crystalline lens—and we need not say how distant is the analogy drawn between it and an articular cartilage.

In addition to these vessels of the synovial membrane covering the cartilage, we believe that another set exists, which pass vertically from the bone through the little canals, which are so distinct by the pink points that are seen when a slice is cut from the surface of the cartilage of a young animal. These have not indeed been yet injected; but the art of injecting is not yet so perfect that from its negative evidence we can have any right to draw a positive conclusion. The vessels of the healthy cornea have been demonstrated by injection only within the last four years; those of the cartilages of the ribs and larynx within the last ten years; and those of the tendons have only been injected within the last twelve months. The articular cartilages evidently present many more difficulties to injection than these; but there is no reason to believe that they may not yet be surmounted. Till the tissues just mentioned had been injected, their vascularity was denied or doubted by those who are not content with any but visible proofs; but long previously, their morbid changes were sufficient to establish their vascularity to every impartial mind.[1]

That vessels should be invisible when the articular cartilages are examined with the microscope is no wonder; they cannot when empty be discerned by it in many even of the most vascular tissues.

We come, then, lastly, to that which is by far the most interesting and important argument for the existence of an independent morbid action in the cartilages, and that such an action as we cannot conceive to be carried on without blood and blood-vessels,—the changes which they undergo in disease. This subject has been examined experimentally, and especially by Dörner,[2] Gendrin,[3] Cruveilhier,[4] and Schumer, and the general result of their investigations is the impossibility of exciting any evident inflammation in an articular cartilage by any mechanical injury. But it is clear that these cases furnish of themselves the contradiction to the conclusions drawn from them; for no effect was produced by the injury upon the cartilage, although all the other tissues of the joints were vehemently inflamed. Now, if the cartilage were not destroyed by the action of its own vessels, why was it not destroyed by those means to which they ascribe its destruction in common inflammations of joints? The experiments show that in the midst of a most acute inflammation of the synovial membrane, such as is produced by cutting a joint wide open, the cartilages remain for some days unaltered. They, therefore, prove nothing; for they are as strong evidence against the power of any external means produced by synovial inflammation to destroy the cartilages, as they are against the cartilage being able to destroy itself. They only prove that in an acute inflammation of a joint the cartilages are not always ulcerated.

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[1] Since this was written our belief has been most happily confirmed by Mr. Liston's account of his injections of the articular cartilages of diseased joints, in a paper read at the Medico-Chirurgical Society. Of course we can at present only announce the fact; but we may add, that an inspection of the specimens that were exhibited in the society's rooms unequivocally established the author's description of vessels in the very substance of the cartilage. The injections were among the most beautiful we have ever seen; and we cordially congratulate the possessor on having surmounted the greatest difficulty of this art.

[2] De gravioribus quibusdam cartilaginum mutationibus. Tuburg. 1798.

[3] Histoire Anatomique des Inflammations.

[4] Archives Générales de Médicine. Fevr. 1824.

But suppose that by disease, or after an experiment, the cartilage is removed from the head of a bone. What are the means by which that removal has been effected? Softening and solution in the pus or other fluid effused into the joint? Absorption by the surrounding synovial membrane, or a tissue produced from it on purpose? Or independent ulcerative action in the cartilage itself? The first is the common opinion of those who do not receive the third,—the second is that propounded by Mr. Key,[1]—the third is that of Sir B. Brodie and many others, and that which we have now little hesitation in adopting. The first two explanations can be applied only to those cases in which the cartilage is progressively removed from its synovial surface towards the bone; they can have no application in the cases in which its removal is effected in the opposite direction, in which it is, as it were, undermined, and its connection with the bone destroyed. In these latter cases it is by all supposed to be absorbed by granulations produced from the bones; but we shall offer some reasons for doubting the correctness of this view.

First, for the theory of the solution in pus. Schumer relates an experiment in which a portion of cartilage, placed in a suppurating fistulous passage, was found after seven days opaque and yellowish, and half dissolved. But ten such experiments could have no weight against the fact which every one must have had the opportunity of observing, viz. that after pus has remained even for many days in a joint, the cartilages may still be neither softened nor in any other way altered; and that if they are irregular in certain isolated parts of their surface, the parts which still remain attached to the bone are quite firm and polished. This is especially the case in that class of suppurations which occur coincidently in several joints, and which we have already alluded to as sometimes accompanying phlebitis. In these cases, after a joint has been distended for many days with pus, all the evident change in the cartilage is that a portion seems as if it had been chipped out of it with some blunt instrument. The surface that is left, and all the rest of the cartilage, is still firm, of its natural bluish-white colour, and intimately attached to the bone. Now, if pus had the least power of dissolving cartilage in the living body, such facts as these could never be observed; the cartilage in such a suppuration of a joint would be evenly thinned over its whole extent, and that which remained would be soft and loose, and half dissolved, or flocculent and unable to bear the pressure of the finger; but such an appearance is in common inflammation of a joint never seen. Portions of cartilage are always entirely removed; and that which remains possesses a healthy aspect, if not its normal connections.

The theory of Mr. Key, which is in part adopted also by Mr. Adams, is far more ingenious, and is founded on facts of more seeming authority, than this of solution by pus. An admirable criticism of it forms the greater part of the important appendix to the present edition of Sir B. Brodie's treatise. The theory is briefly this: When ulceration of the cartilage ensues as a result of synovial inflammation, the removal of its tissue is effected, not by its own vessels, but by those of a very vascular process of synovial membrane which grows over the border of the cartilage, or by those of a similarly vascular membrane produced from the synovial membrane, and receiving its vessels from it, which spreads over the free surfaces of the cartilages and absorbs them.[1]

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[1] On the Ulcerative Process in Joints, Medico-Chirurgical Transactions. Vol xviii.

The fact upon which this theory is founded is, that in many cases where the synovial surface of a cartilage is grooved, or as Sir B. Brodie happily expresses it, *chiseled* out by ulceration, the depression is found occupied by a process of membrane from its synovial lining, which has a very vascular and fringed border, like one of the "glands of Havers." This Mr. Key believes has absorbed the cartilage by a process analogous to that by which the removal of the sequestrum of cylindrical bones under necrosis takes place. Now, the question of the absorption of dead bone is too long to be entered upon at length here; but we may observe that the experiments of Mr. Gulliver, supported as they are by many facts of constant occurrence, render it certain that a sequestrum separated from its vascular connection is never in any degree absorbed by the surrounding vascular parts, but remains, as the loose fragments of fractures often do, unaltered for months and years. The same experiments render it very doubtful whether a dead portion of bone, even still adhering to living bone, is ever lessened by the absorption of the vessels of another part; much less, then, is it probable that a living tissue, however slightly vascular, should be absorbed by the vessels of another adjacent tissue; nor do we know a single example in which it can be proved that the vessels of one living part or tissue have the smallest share in effecting the ulcerative removal of another. It is evident, therefore, that no imagined analogy to any of these other processes is deducible in favour of Mr. Key's view, for they are themselves, if not opposed to his idea, at least most ambiguous.

Again, it is clear that this assumed mode of ulceration by the action of a destroying growth from the synovial membrane cannot explain all cases; for in many the cartilage is removed when it was opposed to another cartilaginous surface, and in these, and in many more, the ulceration occurs in a part of the articular surface to which no synovial growth could have access, as on the very centre of the patella, on the middle of the condyles, and on the head of the femur not near the ligamentum teres, on the middle of the head of the humerus, &c. From all these parts portions of cartilage are often found removed, while that around them is healthy; so that it is evident that even in some of the cases in which the membranous process does exist, it could only have arrived at the ulcerated part by passing over the healthy surface. But in many of these cases of isolated ulceration, and indeed in the large majority, the synovial membrane has no processes growing from it at all. And it is not in the least probable but that in all these cases the process employed is essentially the same; a single case, therefore, in which a growth from the synovial membrane is not found, though the cartilage is absorbed on its synovial surface, would throw great doubt upon the theory; and when such cases are far from rare, they must be fatal to it. They are so far from rare, that we believe that many surgeons to whom the ulceration of the cartilages is a familiar appearance, have never yet seen such processes from the synovial membrane as Mr. Key describes.

But still this vascular growth is sometimes seen exactly fitting into the cavity in that portion of the articular surface from which the cartilage is removed, and certainly to an imaginative mind it looks just as if it had been eating and growing on the food it derived from the edges of the hollow it had made; it looks like a worm in its hole. How, then, did it get there?

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[1] We cannot but remark the singular mode of expression which Mr. Key, reasoning straightway from facts to final causes, adopts in reference to this process; speaking of it as a curative effort of nature, whose object is in these diseases of the joints to produce, as a natural *cure*, anchylosis. This may be, surgically speaking, a cure, because the patient does not die,—yet we scarcely call it a cure, if from inflammation of his eyes a patient loses his sight; and vision is not more a function of the eye than motion is of a joint.

To explain it, the structure of the joints must be considered; they are cavities with firm and scarcely yielding walls, and they admit of no change of volume except with an inversely proportioned alteration in the quantity of their contents. If the cavity of a joint increase in size, more substance must pass into it to fill it; if it decrease in size, something must pass out of it. They are in this respect exactly analogous to the cranium, into whose cavity, if the mass of the brain become smaller by atrophy, or other loss of substance, more fluid must be and always is effused; if the brain become larger, fluid must pass out of the cranium (unless in children in whom the head can expand), and the brain is then found dry, and without fluid either in its ventricles or membranes. There are cases of cerebral disease in which effects are observed exactly analogous to this growth of the synovial membrane into the joints. When, in consequence of an apoplectic effusion, an abscess, or any other disorder in which a portion of the brain is destroyed, the volume of the contents of the cranium is lessened, inasmuch as the size of its cavity remains for the time unaltered, it is certain that either something must be added to the volume of the contents, or that the volume of the cavity must be reduced. The contents of the cavity must exactly fill it, or a vacuum would exist, which we need scarcely say is impossible. The subject is admirably illustrated by some of the cases of atrophy of the brain detailed by the late Dr. Sims, in his paper on that subject, in the 19th volume of the Medico-Chirurgical Transactions: "The chasm occasioned by the atrophied state of the brain," he says, "we observe to be sometimes filled up by serous fluid and by *deposits of bone on the skull*,"—"the hypertrophy which takes place in the bones of the cranium is very frequently confined to the inner surface of the os frontis, in other cases it is more general."—(P. 367.)

There can be no doubt that in the living body, as in inorganic matter, if the size of an air-tight cavity be increased its contents must expand, or if not expansible, must have something added to them to fill the cavity; or if the size of the contents of a cavity be diminished, its walls must fall in. These are the simple principles on which, when in the adult the brain grows larger, the skull grows thinner; and when the brain becomes smaller, the skull becomes thicker, or more fluid than natural is effused within it. To apply the same principles to the disease of the joints now under consideration: a portion of the synovial surface of an articular cartilage is removed by the ulcerative process of its own vessels; what is to fill the space thus produced in the cavity of the joint? In most cases, as in most of atrophy of the brain, fluid (either pus or synovia) is effused in increased quantity; but in some, as in some of atrophy of the brain, the surrounding tissues grow in and fill up the chasm. The process, or as it might be called, the hypertrophy of the synovial membrane, is the exact analogue of the hypertrophy of the bones of the skull.

In this explanation nothing improbable is involved. It is assumed that the first change is the absorption of the cartilage, and that it may be the first is certain, because in some early examined cases it is the *only* change; by such an absorption a vacuum *must* be formed in the joint; and something *must* fill it up; that *something* is either fluid, or an increased growth of synovial membrane, or a newly-formed false membrane. We can indeed determine, if the part of the cartilage absorbed be known, what will be produced to fill its place; if the middle of the surface be ulcerated, fluid will be effused and no membrane produced; if the borders of the cartilage, then membrane grows into the cavity as fast as it is formed.

Thus much of the presumed explanations that have been offered of superficial ulceration of articular cartilages, to remove the apparent difficulty of their possessing too small a degree of vascularity to effect their own ulceration. Neither of them is free from far greater objections than those which they are intended to surmount.

The opinion is more commonly received, and certainly more plausible, that in the deep ulceration in which the cartilage is undermined from its connection with the bone, the vascular granulations that grow into the hollow between them are the agents by which the absorption of the under surface of the cartilage is effected. But even against this view there are many objections; as the improbability of one tissue being absorbed by the vessels of another, and that healthy bone (for in some though not in most of these cases the bone is found unaltered,) should produce granulations to do such irreparable mischief. It is certain that if the absorption of the under surface of the cartilage were the first step in the process, granulations or something *must* grow from the head of the bone to fill up the cavity that would else be formed; and that the cartilage is first absorbed is rendered probable by the frequent coincidence of similar absorption on its opposite (synovial) surface, which we have already shown is often a primary affection.

The growth of granulations into such a cavity as the independent ulceration of the under surface of the cartilage would form is easily producible at will. If a hole be bored in a bone and the integuments replaced over it for a few days and then again raised, the hole will be found exactly filled by a growth of vascular granulations from the surface of the tissues that lay over it, just as in this case each little cavity on the under side of the cartilage is occupied by a growth of granulations from the subjacent bone.[1] The same action no doubt produces the granulations in both cases, as well as in all those in which granulations appear to be eating away the surface of an ulcerating tissue. In all the growth and increase of the granulations is secondary; a necessary consequence of the removal of adjacent tissues; they do not form the holes, but they grow into the holes that are formed by the tissue's own vessels.

The explanations, then, which the opponents of the independent morbid action of the cartilages have offered, are at present insufficient to account for the phenomena. The removal of cartilage is fairly referrible only to a process of ulceration which is effected by its own power; and even in the absence of any other evidence for their vascularity, this alone might be sufficient proof of it. When to the evidence which it affords we add the proof of the vascularity of their synovial surface,—the occasional appearance of vessels even in their substance when diseased—as in the case described by Mr. Mayo (Med.-Chir. Trans. vol. xix, p. 63,)—the occasional existence of a vascular false membrane passing from the synovial surface of one cartilage to that of another, without any communication with the walls of the joint, and without any apparent vascularity of the adjacent synovial surface,—the peculiarities which it presents in some other diseases,—the weakness of all the objections invented against its vascularity, and all the evident improbabilities of a non-vascular substance existing in such circumstances and presenting such phenomena as cartilage does,—by all these the vascularity and independent power of this tissue may be deemed sufficiently well established to be admitted in the explanation of the various forms of ulceration to which it is subject.

Of all that have been offered, the most concise and correct view of the ulcerations of cartilage is, in our opinion, that which Mr. Mayo has given in the paper just referred to; it is that which with very slight modification we should exactly adopt. There are three kinds of ulceration of articular cartilage: one in which it commences from the synovial surface; a second in which it commences at the surface next the bone,—in both these the substance of the cartilage that remains is white, firm, and scarcely altered in appearance; in the third kind the remaining cartilage is softened, and converted into a fibrous or brush-like substance.

In the first class of cases, which may be called simple superficial ulceration, a portion of the surface of the cartilage looks as if it had been irregularly chipped or chiseled out; the surface thus exposed retains its natural colour, its firmness, and its polish. When a joint thus affected is opened, it is scarcely imaginable that so little should be left by such formidable symptoms as those by which the disease was accompanied; for sometimes the redness of the synovial inflammation by which this form is accompanied has passed away, and nothing is found but the uneven cartilage. The most common cause of, or at least coincidence with, this kind of ulceration, is intense or long-continued inflammation of the synovial membrane, such as occurs in penetrating wounds of the joints, or in perforation from ulceration, or in the diffuse suppurations met with in phlebitis, or such as are sometimes produced by any of its common causes, as cold, &c. The effusion of pus into the joint is of course the result of the synovitis, and is generally coincident with the ulceration of cartilage; but neither it nor the effusion of lymph are essential to this affection. Most commonly there is also coincident ulceration of the cartilage on the surface next the bone; but in some cases this is absent, and especially, we think, in those which accompany the general and apparently metastatic suppurations in phlebitis; in these the cartilage always retains its firm connection to the bone, and can no more be torn from it than it can in health. When the ulceration in this form has extended down to the bone, it exposes a healthy surface, or one only increased in vascularity; and at any period one may determine that the ulceration commenced on the synovial aspect, by observing that the exposed portion of bone is smaller than the area of the synovial aspect of the ulcer, so that the borders of the ulcer shelve downwards and inwards, and have their thin edges more or less adherent to the bone that is exposed.

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[1] This experiment was often performed by Du Hamel; see his Papers on the Reproduction of Bone, in Mém. de l'Acad. des Sciences, 1739-43.

In the second kind of ulceration of articular cartilage, which may be called simple deep ulceration, the cartilage is at first removed only on the surface next the bone; it is undermined, and may be torn up from the osseous surface, or is even found hanging from it in pieces, or lying loose in detached portions in the interior of the joint. Its under surface is rough and irregular, as if coarsely worm-eaten; often its whole thickness is perforated, and on opening the joint the cartilage looks riddled with little vascular masses of granulation projecting through its apertures from the bone beneath it.

The exposed surface of bone is highly vascular, and wherever the cartilage is separated, is covered by prominent, soft, and very red granulations, which fit into the cavities on the under surface of the cartilage. It is probably to the pressure of the cartilage on these granulations that the exquisite pain which accompanies this form of the disease may be ascribed. The cartilage itself can scarcely be the source of pain of the character here felt; but the peculiar acuteness of the suffering produced by even lightly touching the granulations from bone is sufficiently well known.

In some cases the bone is evidently softened, and atrophied or ulcerating; but in others it retains all its firmness, and except for an increase in its vascularity, might be deemed healthy. The latter is rarely found in diseased hip-joints; but more commonly in the most acute cases in which ulceration of the cartilages occurs in coincidence with intense synovitis; in chronic cases the disease, commencing with a moderately acute inflammation of the synovial membrane, goes on to affect in turn all the tissues belonging and adjacent to the joint, or it commences in the cartilage, or simultaneously in the bone and cartilage. The ordinary cases of chronic diseased knee-joint are examples of the first kind; those of morbus coxæ, the scrofulous diseases of the hip-joint of young subjects, are instances of the second.

In all these forms of disease, however, and whatever be their origin, their ultimate effects, if unchecked, are disorder and functional destruction of every tissue. The effects of the first stages can be learnt only by the examination of extremely acute cases, and of those in which accidental death has prematurely placed them at our disposal, or by the careful comparison of a great number of advanced cases. From both the result is that the absorption of cartilage may be the initiative; but that in the majority of cases it is subsequent to inflammation of the synovial membrane.

The third form of ulceration of the cartilages, in which its tissue is converted into a fibrous or brush-like substance, is by far the rarest. It is a chronic disease, and appears to commence on the synovial surface, for the part of the cartilage next to the bone and the bone itself are usually healthy.

We had intended to consider the pathological changes observed in some other forms of diseases of the joints, and to point out the general deductions which the present state of knowledge permits to be drawn from them; but this article has already run its full length, and we must for the present leave the subject.

MISCELLANEOUS NOTICE.

Medical School of the New York University.—The public prints have announced the re-formation of the medical school of the University of New York; the former professors of which—dissatisfied with the acts of the council—resigned their situations about two years ago, and before even they had entered upon their duties as teachers. The list of the present faculty includes the names of Drs. Paine and Bedford, of the former faculty, and has the additional names of Professors Pattison, Revere, Mott, and Draper. The institution will go into operation in October next.

This arrangement will deprive the Jefferson Medical College of two of its able and zealous teachers. By a singular coincidence, the sudden death of Professor Green and the appointment of his two colleagues to the new university occurred almost simultaneously. We shall part with our friends and colleagues with regret, and with a sincere desire that their exertions may be profitable to themselves and to the profession in the new sphere which they have selected. For ourselves, there has ever been but one rule of thought and of conduct,—founded on a desire to see every honourable association of teachers—no matter where situate—flourish according to their merits; and no paltry inducement of self-aggrandisement has ever led, or could lead, us to interfere by word or deed with their useful labours. A spirit of emulation is of course desirable; but it should be an emulation as to which institution can best promote the dignity of the profession, and, through it, of the community. To effect this, it is never necessary to disparage the efforts of others; whilst it is indispensable to be honourable and energetic ourselves.

With these views, as honestly entertained as they have ever been openly expressed, we desire to see the new university of New York proceed onwards, and at an equal pace with the different elevated medical institutions of the country. The loss to the Jefferson Medical College by the death of Professor Green, and by the secession of Professors Pattison and Revere, is sincerely deplored by us; but we should not express our honest conviction did we say it was irreparable. We are fully satisfied, indeed, that the board of trustees of the institution will look with a single eye to the supplying of the present vacancies in a manner that will add to the harmony, stability, reputation, dignity, and honour of the school; and should such a determination be rigidly carried into effect, they cannot fail to succeed.

NECROLOGY.

Professor Green.—In our last number we announced the death of our estimable friend and colleague in the Jefferson Medical School, and promised a brief notice of his useful career. The following, which appeared in the Saturday Courier of February the 6th, from the pen of a friend of the deceased, is so appropriate that we prefer to copy it:

"The sudden death of Dr. Green, late Professor of Chemistry in the Jefferson Medical School of this city, has cast a gloom over that institution, and throughout a wide circle of friends and relatives. Dr. Green was the son of Dr. Ashbel Green, the eminent and aged Presbyterian clergyman of this city; and for many years was professor of chemistry in Princeton College, New Jersey. After removing to this city, Professor Green, in conjunction with Dr. George M'Clellan and the late Dr. John Eberle, founded the Jefferson Medical College of this city, in which he continued to fill the chemical chair until his death.

"The reputation of Dr. Green as a lecturer was very high, both with his pupils and the public; and his works on Electro-Magnetism, Chemistry, Astronomy, and Trilobites, placed him among the most scientific men of the country. His cabinet of shells, minerals, and coins, was large; and his constant contributions to the scientific journals of the day evinced him a close student, and a sagacious investigator and collector on all subjects to which he turned his attention. The cause of science and literature has by his death sustained a severe loss, and the withdrawal of his services and high reputation from the school with which he was so intimately connected will create a vacancy not easily supplied.

"We learn that on last Sunday night Dr. G. attended church as usual, and appeared in his customary health on retiring to rest. Early in the next morning he complained of a feeling of suffocation, and before Drs. Dunglison or Harris, who were both sent for, and came immediately, could reach him, expired. The cause of his sudden demise proved to be an enlargement and ossification of the heart.

"His funeral took place on last Thursday, and his remains were followed to the grave by a large number of friends, who loved him when living, and mourn him when dead."

The following resolutions are expressive of the feelings of the board of trustees, the faculty, and the students at this sudden dispensation, which has deprived the institution to which he was attached of a zealous and efficient preceptor:

Jefferson Medical College, February 4, 1841.

At a special meeting of the board of trustees of Jefferson Medical College, held this day, the following resolutions were unanimously adopted:

Resolved, That this board are deeply sensible of the loss the institution has sustained in the death of Professor Jacob Green, who, during his connection with it, commencing with its origin, executed the duties of his chair with eminent ability and fidelity.

Resolved, That this board entertains for his memory the deepest respect, endeared to them not only by the faithfulness with which he executed his public duties, but by his exemplary deportment in the relations of private life.

Resolved, That this board sincerely sympathise with the bereaved family of Professor Green in the irreparable loss they have sustained, and that a committee consisting of Rev. Dr. Cuyler, the Hon. Edward King, and John R. Jones, be appointed to convey the expression of these feelings to them.

From the minutes. JOHN R. VOGDES, Secretary.

February 1*st*, 1841.

A special meeting of the faculty being convened at the college this day, in consequence of the death of Dr. Jacob Green, late Professor of Chemistry in this institution, the following resolutions were adopted:

The professors have heard with grief and deep regret of the sudden death of their beloved and respected colleague.

Resolved, That the lectures be suspended until the day after the funeral; that the professors will attend the obsequies, and that they will wear the customary badge of mourning for the remainder of the session as a testimonial of their friendship and respect for the memory of the deceased.

Resolved, That a copy of these resolutions be enclosed to the family of the deceased, as an expression of the sympathy and condolence of the members of the faculty. John Revere, M. D., Dean of the Faculty.

February 1, 1841.

The melancholy news of the sudden death of Professor Green having been announced this morning, a meeting of the class was immediately convened. The meeting was organised by calling J. P. Woods, of Virginia, to the chair, and appointing J. Stuart Leech, of Pennsylvania, secretary. The chairman having briefly stated the sad and unexpected calamity which had befallen them and the institution at which they are in attendance, it was on motion

Resolved, That a committee of twelve be appointed to draft resolutions expressive of the feelings of the class, occasioned by the sudden bereavement of their much esteemed and endeared professor, Dr. Green.

Whereupon the following gentlemen were appointed said committee:—Messrs. J. A. Chilton, of Va., Wm. H. Scott, Pa., C. A. Harding, Md., S. D. Mullowny, M. D., Mo., Irby Dunklin, S. C., Z. T. Chunn, M. D., Va., John Pattison, Pa., J. F. Gaylord, N. C., A. Hepburn, Pa., R. W. Christy, Pa., Wellington Bird, Pa., G. T. Mason, Va.; and on motion the chairman and secretary were added to the number. The committe reported the following resolutions, which were adopted:

Resolved, That the death of our esteemed teacher has been heard with the deepest regret and sorrow, and that we lament most sincerely the loss thus occasioned to his family, to society, and to science.

Resolved, That his kind and gentlemanly manners, which secured to him the warmest affection of his class; his generous friendship, which attached his numerous students to him with a feeling akin to filial love; and his scientific attainments, which have ever commanded for him a high place in public estimation, are stamped upon our memories with too deep an impression ever to be effaced, so long as virtue is honoured, friendship cherished, and knowledge admired.

Resolved, That we duly appreciate the loss sustained by the college in his death, and lament the vacancy in the faculty thereby occasioned.

Resolved, That our deepest condolence is tendered to the sorrowing family of the deceased, with an assurance that although no tie of relationship existed, our hearts respond to their anguish in melancholy submission to the will of Him who rules in wisdom and in mercy.

Resolved, That the dean of the faculty be requested to transmit a copy of these resolutions to the family.

Resolved, That as a testimony of respect and sorrow, the class wear crape on the left arm during the remainder of the present session.

Resolved, That we will meet at the college on Thursday, at 2½ o'clock, P. M., and proceed thence in procession to attend the funeral obsequies of our lamented friend and professor.

Resolved, That the proceedings of this meeting be published.

J. P. Woods, Chairman.

J. Stuart Leech, Secretary.

THE

AMERICAN MEDICAL INTELLIGENCER.

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For the American Medical Intelligencer.

Art. I.—CASE OF CONFLUENT SMALL-POX, ATTENDED WITH OPISTHOTONOS.

BY JOHN S. ROHRER, M. D., OF PHILADELPHIA.

June 13th, 1840. Was called to see a child aged twenty months, son of Mr. L——, a respectable mechanic in the city of Philadelphia, labouring under an attack of convulsions. The child had been unwell a few days before, but no medical aid was called for. The convulsions had commenced half an hour previous to my arrival. I immediately had recourse to the warm bath, which soon allayed the spasms. Supposing the convulsions to have originated from irritation of the bowels, I ordered a warm poultice of bread and milk over the stomach and bowels, and prescribed a few grains of hydrarg. submur. joined with pulv. ipecac. and cret. ppt. to be followed in a few hours after with castor oil. Plenty of mucilage of gum Arabic was also ordered. In the course of a few hours the medicine operated, and the child was much relieved.

3 o'clock, P. M. Found the pulse rising, with some degree of tension, eyes turned up, with an increase of heat on the surface. Ordered bleeding at the arm, which was not attended to on account of a supposed change for the better.

14th, A. M. Was called in a great hurry, found the child in convulsions. I immediately bled it at the arm to the extent of four or five ounces, and put the patient into the warm bath; the convulsions soon ceased, and the child was again relieved. This proved, however, but temporary relief, for in the course of an hour the pulse rose to one hundred, with considerable hardness. The pupils of the eyes were contracted, and a great determination of blood to the head seemed to be the result of the last convulsion; insensibility and stertorous breathing soon followed. P. M. same day, ordered leeches to the temples and ice water to the head. Gum water continued.

15th, 8 o'clock, A. M. No convulsions, but delirium and symptoms of encephalic inflammation; pulse quick, with slight tension; difficulty of drawing blood from the arm; had leeches applied to the temples, behind the ears, and neck; about three ounces of blood taken; cold application to the head continued. Tongue furred and red round the edges.

15th, P. M. Fever somewhat abated; bowels freely open; spt. Mindereri administered at repeated intervals. Gum water continued, of which the patient drank freely.

8 o'clock, P. M. Heat and arterial excitement increased; ordered more blood to be drawn by leeches; objected to by the family.

16th, A. M., 8 o'clock. Fortunately for my little patient, one of the leech-bites was discovered bleeding this morning, which must have bled all night, as nearly four ounces of blood were found between the folds of the bed-clothes. Patient much better, looks around lively, and calls for food; bowels, however, too open; ordered small doses of cret. ppt. and cinnamon water at repeated intervals. Cold applications to the head discontinued.

16th, P. M. An eruption now begins to show itself all over the body resembling *measles.*

17th, A. M. The eruption assuming the form of *vesicles;* fever much abated; pulse soft, but rather frequent; head relieved; tongue clean.

18th, A. M. Pustules forming; head and face somewhat swollen.

19th, A. M. Swelling of the face and head increasing, and fever considerable; patient sensible; no preternatural determination of blood to the head.

19th, P. M. Confluent variety of small-pox; eruption very great, extending all over the body; restlessness very great; much anxiety evinced, and throwing about of the limbs.

20th, A. M. One extensive mass of *eruption*; eyes closed from swelling; symptoms of *opisthotonos.*

20th, P. M. Opisthotonos more marked; patient swallows fluids; great restlessness; throws its arms and legs about incessantly; starts occasionally.

21st, A. M. Head drawn back between the shoulders, the muscles of the neck and back extremely rigid; bowels opened with castor oil.

22d, A. M. Spasms of the muscles of the neck, back, and of the lower extremities. One leg drawn back in the direction of the spine, and raised from the other. Patient lies on his side altogether. Head and hips thrown backwards, forming a curvature of the back, and describing an arch. Abdomen tympanitic, and abdominal muscles extended.

23d, A. M. The pulse frequent, and almost imperceptible; eruption extensive; head and feet drawn back; spasms of the muscles of the back and neck. The child rests now almost on the back part of the head and on the left side of the pelvis; face and chin thrown backwards from the breast; jaws rigid, but the patient still capable of swallowing fluids; plenty of slippery elm tea administered; grinding of the teeth; thirst great; extreme restlessness. It is with difficulty that the patient can be kept from seizing hold of his legs and bed-clothes. This grasping of the legs appears to be the effect of involuntary action. Tongue swelled and full of pustules.

24th, A. M. Hot fomentation to the spine, and mucilaginous drinks continued. Great action of the carotid arteries; bowels irritable; frequent discharges of mucus, dark in colour.

P. S. Spasms of the muscles of the back and neck; swelling of the face decreasing.

8 o'clock, P. M. Muscles of the neck and back rigid, but no spasms; snores; eyes still closed.

25th, A. M. All the symptoms better, one eyelid elevated so that part of the eye can be perceived; less determination of blood to the head; pulse less frequent; no spasms of the muscles of the neck and back, but some rigidity; the head thrown more forward in the natural position; still grinding of the teeth; mucilaginous drinks continued; bowels open, and a watery green fluid with mucus discharged.

25th, P. M. Return of spasms of the muscles of the neck and back, producing great agitation of the whole body. Head thrown back, hips elevated and inclining backwards, producing a curvature of the spine backwards as before. Heavy breathing and apparent insensibility; frequent watery discharges; prescribed the following:

℞. Hydrarg. submur. gr. iij.
Pulv. ipecac. gr. ij.
Cret. ppt. gr. vj.
Pulv. Doveri, gr. vj.
M. ft. pulv. No. iij.
One every three hours.

26th, A. M. Patient better; hopes of recovery entertained by the family; rigidity of the muscles of the neck and back softened and relaxed; eyes open; patient takes notice of surrounding objects; extremities rather cold, pulse extremely weak; no spasms during the night; diarrhœa stopped; ordered beef tea and mucilaginous drinks, principally elm tea; warm emollient poultice applied to the stomach, and warm cloths to the hands and feet.

26th, P. M. Patient more feeble; pulse small; eyes turned up when asleep.

27th, A. M. Return of spasms; head and trunk thrown back; throat contracted, and a difficulty of breathing and swallowing fluids; a choking sensation observed; tongue swelled; bowels discharging a watery fluid; a dozen of evacuations during the night; prescribed the following:

℞. Cret. ppt. gr. xv.
Pulv. Doveri, gr. viij.
Hydrarg. submur. gr. j.
Sacch. albi, gr. x.
M. ft. pulv. iv. One every three hours.
Injection of flaxseed tea with twenty drops of laudanum.

27th, P. M. Spasms ceased in half an hour after I left my patient this morning; bowels not been opened since 10 o'clock, A. M.; pulse feeble, feet cold, eyes turned up; stertorous breathing; some of the scabs falling off.

28th, A. M. At three o'clock this morning death closed this most painful and distressing scene. No spasms during the night.

For the American Medical Intelligencer.

ART. II.—ON THE USE OF THE CHLORIDE OF SILVER.

BY J. C. PERRY, M. D.

One of the Resident Physicians of the Philadelphia Hospital.

Philadelphia Hospital, January 27th, 1841.

Dear Sir,—I would call your attention to a preparation of silver (the chloride) hitherto almost entirely unnoticed by physicians, but which I have used for the past eighteen months with such results as lead me to believe it possessed of properties deserving of further investigation.

It must be universally acknowledged, that the nitrate of silver administered by the mouth can never act as nitrate of silver on the system, since any dose which could be ventured upon must, immediately on entering the stomach, be converted into the chloride of silver, from the chloride of sodium of our food, or the hydrochloric acid of the gastric juice.

The chloride must then, a priori, be considered as efficacious equally with the nitrate, while it will be found less uncertain in its effects, more convenient for exhibition, less liable to decomposition, and free from its nauseous taste. It may be given, too, in any dose thought necessary to produce the alterative and tonic action of silver without danger.

In less doses than thirty grains no irritating or manifest effects result. Thirty grains given at once will generally produce emesis. The best form of exhibition is in pill. To children it can be given as a powder suspended in syrup.

Twelve grains administered daily for three months have produced no unpleasant symptoms, and none of my numerous and long-continued courses of the remedy have been followed by discoloration of the skin.

In epilepsy, three grains, given four or five times daily, produced effects similar to those of nitrate of silver, but more marked.

In chronic dysentery, half a grain to three grains thrice daily produces immediate diminution in the number of stools, and tormina, with amelioration in the character of the stools and other symptoms.

I have not ventured to use it freely in acute dysentery, but in the few cases in which it has been administered, its effects seemed equally beneficial.

In chronic and colliquative diarrhœa, benefit was derived from its use in the same doses, but not so markedly, uniformly, or permanently.

The catamenia suspended for years have, without any adjuvant treatment, returned after its free exhibition for two or three weeks.

One case of secondary syphilis (the only one in which it has been tried,) improved rapidly under it.

Such are the results of my experience, and if you think them deserving of your attention, I will prepare the notes of the cases for your inspection.

I am, very respectfully, yours,
J. C. Perry.

Professor R. Dunglison.

For the American Medical Intelligencer.

Art. III.—NOTES ON THE DISSECTION OF AN ALLIGATOR.

BY C. G. FORSHEY, ESQ., OF NATCHEZ, MISSISSIPPI.

Dear Sir,—Agreeably to my promise, I copy for your use a few notes I made in the partial dissection of an alligator, on the 20th April last, with the aid of my respected friend, Dr. Samuel A. Cartwright. I was led to the examination from the circumstance of having noticed a transversion of the heart and lungs, spleen and liver of a very large alligator we had taken, and laid open for the purpose of getting the temperature of his blood at the fountain. The notes, as you will perceive, relate to only a few points, it being inconvenient at the time to complete the dissection.

Glossus muscles and tongue attached beneath the larynx. Larynx three to four diameters of the trachea. Cartilage covering the larynx beneath *single*, and shaped much like the back of a turtle. The capacity of this larynx will sufficiently explain their bellowing, which I have heard nearly two miles. Os hyoides attached on each side at an angle of 45° with line of trachea, depart on each side a semi-diameter of larynx, and having then an elbow or lateral articulation; direction thence parallel with trachea. The sternum a hard cartilage, with a lateral articulation in the centre, which explains their movement in seizing their prey.[1] Relative position of the trachea and œsophagus as in the human body. Very powerful pectoral and brachial muscles. Scapula with a rib attached almost at sternum. Tendon extending from centre of scapula to the clavicle, which is united to the scapula as a single bone, without a joint or articulation. A powerful muscle is attached to the upper part of bones of pelvis, and extending to the viscera, to aid in expanding for the large supplies of air required in swimming rapidly. Heart in centre under trachea. Single ventricle and auricle. Bifurcation of trachea one third of distance between fore and hind feet.

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[1] The habit here alluded to is their sudden lateral motion of the head, neck, and shoulders to meet the prey, which is at the same moment struck with almost irresistible force by the tail. The victim, whether a calf, hog, dog, or deer, is thus disabled by the stunning blow, which drives him into the "dead-fall" mouth of his captor. This power of course is only available on land, and immediately the alligator plunges into the water to strangle the prey, which might otherwise revive from the blow and prove troublesome.

You will permit me, my dear sir, to add another note, which I find in my memoranda made about the same date. It may possess some interest to you, or it may have long since come under your notice, or, finally, it may be of no importance in any respect. Still every truth in science, I hold, possesses sufficient dignity in itself not to appear ridiculous, whether it have any apparent practical utility or not. So much by way of preamble to a note which is itself not longer.

May 24, 1840. Took a syphon tube one fourth inch calibre, immersed the elbow in cold water, and passed a current of my breath through it, at a dew point of about 94, until I condensed some six inches of water in the tube; then, with a very elegant and delicate pair of scales, weighed the contents. I then weighed precisely the same length of column of rain-water from the cistern, at the same temperature; and deduced the specific gravity of the water condensed from the breath, and found it 0.967125.

The experiment was not repeated, but was made in this instance with so much care and precision as to give me no little confidence in the result. Richard H. Lawrence, Esq., aided me in it.

I have the honour to be, with the highest consideration,
Your obedient servant,
C. G. Forshey.

Prof. R. Dunglison, M. D., Secretary to the Amer. Phil. Soc.

Art. IV.—MORBUS BRIGHTII.[1]

Dr. Bright, it appears, took distinct cognisance of the chronic and advanced anatomical conditions of the disease alone; and it follows likewise, from distinct avowal in his pages, that he was dubious as to the precise nature of the connection of the lesions he described. It is true, this observer has figured a distinct example of hyperæmic enlargement of the kidney, attended during life with anasarca and a coagulable state of the urine; but so little comparative importance did he attach to this morbid change, that in the general description of the disease, in his original essay, it is not made the subject of reference, while in his second production, though the complaint is spoken of as commencing with acute symptoms, no cases are related from which the writer's opinion respecting the anatomical state of the organs, where such symptoms exist, may be gathered with precision. The attempt exhibited in the next column to trace a regular catenation of morbid changes from the mere derangement of local circulation to the most advanced disorganisation must, if well founded, confer high distinction on M. Rayer. Now, that the first stage of disease exists, as described by this pathologist, seems established—the statements of others corroborate his account. And it is equally certain that we have here the anatomical evidences of intense congestion, if not of actual inflammation. The enlargement of the organ is the simple result of the stagnation of blood, and it would be not more erroneous to call an erect penis hypertrophous than, with M. Solon, thus to designate the congested kidney.[2] M. Solon, it is true, talks about the blood being already combined with the renal tissue in this stage of the disease, but the alledged fact that the fluid cannot be removed by washing is no proof of this,—more especially as it may be easily expressed. The characteristic feature of the next phasis, the mottled appearance produced by reddish maculæ on a yellowish ground, seen both on the external surface and in the interior of the kidney, is attributed by M. Rayer to the partial disappearance of the previous state of hyperæmia, and its replacement by anæmia. M. Solon conceives, on the contrary, that the yellow tint results from more complete combination of the principles of the blood with the renal tissue, and not from a bloodless condition of the part; an opinion against which the objection already made, and obviously applicable during the first stage, now ceases to bear. In the third, the hyperæmia disappears more completely, the mottled aspect is lost, and a uniform slightly yellowish tint prevails; anæmia is now, according to M. Rayer, general. But, as M. Solon well observes, the term anæmia, which may be very correctly employed in speaking of the state of the kidneys in subjects dying of hemorrhage, is not applicable, in point of accurate description, to the discoloration now referred to. And M. Rayer himself elsewhere lends force to this observation; for he points out (p. 324) its yellow tint as actually distinguishing this condition of the renal tissue from the anæmic kidneys of certain tuberculous subjects. In the fourth phasis the previous state of discoloration still prevails, but the deposition of "Bright's granulations" marks it distinctly; the fifth seems to be a mere modification of this stage. In the sixth, the granulations commonly disappear, and differing in this from all its predecessors, this stage is frequently marked by a tendency to congestion, contraction, or atrophy on the part of the kidney. M. Solon, it will be seen, carries us a step further, and attempts to range all renal, analogous, and heterologous products as an ordinary and necessary sequence of Bright's disease,—a proceeding so utterly irreconcilable with what is known respecting those products, and with the general laws of pathology, that we can only marvel at its adoption.

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[1] Brit. and For. Med. Rev., Oct. 1840, p. 304.

[2] This is a singular notion on the part of a writer of M. Solon's experience. Dr. Christison, however, has no excuse for joining, in his allusion to it, in a habit reprehensibly common both among ourselves, and among foreigners in their references to English literature, namely, in ascribing to a people at large the opinions of individuals; he fathers the present mistake upon the entire community of "French pathological writers."

The anatomical characters of the affection claims our first attention, and in order to exhibit in a distinct manner the similitudes and differences in the descriptions of the four observers who have made them a subject of special study, we shall display these in a condensed form in juxta-position.

BRIGHT. (1827.)

Chronic.

1ts Form. The kidney loses its firmness, acquires a yellow or mottled appearance externally; the same yellow colour, slightly tinged with gray, pervades the cortical substance; the tubular is of lighter colour than natural; the size of the kidney not materially altered; there is no morbid deposit.

2d Form. The whole cortical part is converted into a granulated texture, with copious morbid interstitial deposit of an opaque white substance: the kidney is generally enlarged, sometimes very much so. (The granulations are rendered more apparent by maceration.)

3d Form. The kidney is quite rough and scabrous to the touch externally; and is seen to rise in numerous projections of about the size of a large pin's head, of yellow red and purplish colour. The form often inclined to be lobulated, the feel hard, the texture of semi-cartilaginous firmness: tubular portions appear drawn near to the surface of the kidney.

RAYER. (1837.)

Acute.

1st Form. Kidneys enlarged, their weight may reach 12 oz.; firm, but not hard; surface of a morbid red colour, and studded with small deep red points. Internally, the increased size is found to depend on the cortical substance, which presents a great number of similar points, apparently the Malpighian glands injected. Tubular cones of duller red colour, and their striæ less distinct than natural; pelvis and calices injected.

2d Form. The enlargement persists, with slight diminution of consistence; tendency to lobulation is often observed; mottled appearance from red spots on a yellowish white ground (mixture of hyperæmia and anæmia.) On division, the cortical substance appears swollen, and of pale yellowish tinge, speckled with red; the tubular of a rather bright brownish red.

Usually Chronic, rarely Acute.

3d Form. Size and weight increased as before; no mottling; cortical substance externally and on section appears of a pinkish white and slightly yellowish hue, or paler, and like that of eel's flesh. Small vascular arborisations; and sometimes large white granulations resulting from deposition of plastic lymph.

4th Form. Size and weight as before; external surface smooth, of pale yellow colour, speckled or covered with milky white spots as large as the head of a very small pin; these are found also in the interior of the cortical substance (which is of the same pale colour as in the two previous forms), and aggregated into flocculent streaks.

Chronic.

5th Form. Rarer than the preceding; kidneys as before in point of size and weight; lobules unnaturally distinct; the external surface appears as if a vast number of "grains de semoule" were deposited under the cellular capsule of the organ.

6th Form. The kidney is sometimes larger but often smaller than in health; is hard and presents inequalities or mamillæ on the surface, few or no milky spots (Bright's granulations), but commonly some of these in the interior of the cortical substance. Capsular membrane almost always thickened and very adherent.

MARTIN-SOLON. (1838.)

1st *Degree or variety.* Kidney red, hypertrophous, enlarged and heavy,—especially cortical substance; the tubular is also of deep red colour, but not hypertrophous; the blood combined with these tissues cannot be removed by washing; the renal substance is friable and marked with red or blackish stellate points,—probably ecchymoses.

2d. Tissue still hypertrophous, presents a yellowish striated or mottled appearance; the sulci marking the divisions of the kidney in infancy are sometimes manifest; the tubular substance is slightly hyperæmic.

3d. Kidney almost always hypertrophous, a state still depending on cortical substance; the external surface generally smooth, sometimes presents inequalities. Surface of a pale yellow hue, something like that of the pancreas, as likewise is the substance of the kidney internally; the cortical substance appears to penetrate between the radii of the tubular; and these latter have in some measure disappeared or tend to become of a pallid colour. The tissue is soft, but to a certain degree friable, though it resists laceration somewhat.

4th. The kidney presents the yellow appearance just described; and besides white pultaceous creamy particles, apparently produced by interstitial exhalation on the surface and in the substance of the organ (Bright's granulations.)

5th. Kidney, in addition to the anatomical characters of Bright's disease, contains some form of adventitious product (cysts, tubercles, carcinoma, &c.)

CHRISTISON. (1839.)

1. *Incipient stage.* A minor degree of the second stage,—namely, of the deposition of a grayish-yellow, obscurely granular matter in the cortical structure, with or possibly without some degree of sanguineous congestion.

2. *Middle stage.* The deposition of granular or cheese-like matter, the only important and well-established anatomical character of the morbid formation, seems at first to be, for the most part, chiefly confined to the cortical substance.

3. *Advanced stage.* The morbid deposition gradually pervades the tubular substance.[1]

Now, it must be admitted that the gradations of disease here described seem naturally and closely connected, as far as the fourth; and though it may be difficult to demonstrate the link between the yellowish discolorations, &c. and the deposition of the granular matter, the fact is no less important, that such deposition does not probably occur until the tissue of the kidney has, with greater or less rapidity, passed through the previously described phases. Should a suspicion arise that accuracy has been sacrificed to zeal for systematic arrangement, this may be dismissed with the reflection that each of these forms of disease, with its special characters, has repeatedly been observed by writers who entertained no particular view respecting the mode of relation of the series. The sixth stage of M. Rayer acknowledges its connection with its predecessors by the occasional presence of the milky granulations. Such then may, in the present state of knowledge, be fairly admitted to be the mode of progress of this disease under ordinary circumstances, and when its evolution is regularly accomplished. But it must not be forgotten that, in many instances, we are without any direct proof from anatomy, or collateral evidence from symptoms, that the disorder has originated in active congestion: the morbid changes appear, indeed, to advance so insensibly, as almost to exclude the notion of an irritative process having existed in the affected organ.

In our arrangement of M. Rayer's *forms*, we have shown the presumed connection between the anatomical lesion and the acute or chronic course of the symptoms. The acute affection has most frequently been witnessed in children as a sequence of scarlatina, especially according to M. Rayer, in certain epidemics, but also occurs in adults independently of any exanthematous disorder. In these cases it appears with the ordinary character of a febrile disease, is attended commonly with sickness and vomiting, and characterised by certain remarkable changes in the constitution of the urine and blood, and by effusion of serosity into the cellular membrane, or more rarely, into the serous cavities. The urine is, at this period, always acid, and voided in small quantity; it is at times, according to Dr. Christison, altogether suppressed, but there is little evidence of this in his reported cases, and of the nature of one of those (No. 1), apparently justifying the statement, serious doubts, as we shall presently see, may be very fairly entertained. The colour of the fluid is reddish or deep brown, depending on the presence of more or less blood; this is in rare cases so abundant as to be voided in small clots. We have already alluded (vol. viii, p. 128,) to the dissent between observers respecting the specific gravity of the urine in this affection. M. Rayer now somewhat modifies his former statement on the point, by affirming that the density is *often* above and *rarely* below the healthy standard. The average of six cases, observed by himself and Dr. Bright, gives 1028; and if, as he remarks, intercurrent inflammation of other organs arise, the density increases still further. Dr. Christison's statements on this point are deficient in explicitness; for at page 34 he asserts that "the density now lies within the limits of health," while at page 48 we find "a moderate reduction" of specific gravity recorded among the pathognomonic characters of the incipient stage. M. Solon has on his side fallen into the serious error of omiting to distinguish, in speaking of the density of the fluid, the periods of the disease at which the observation is made. There can be no doubt that the specific gravity is comparatively high at the outset of the complaint, a fact explained by Rayer by the simple consideration that the ratio of the solid to the aqueous constituents of the urine is at this period scarcely affected. Dr. Christison, who maintains that the proportional quantity of solids is already lessened, refers the high average density to the adventitious albumen which is present, strengthening this opinion by the allegation that "if the fluid be filtered after coagulation, the density falls by four, five, or even seven units." But here is a most fallacious argument; for the process just mentioned separates, not only the albumen, but also always a portion of urea, and frequently a large share of mucus or blood-globules, of lithic acid, and lithate of ammonia, (*vid.* vol. viii. pp. 135-6.) The old mode of clarifying coffee might have reminded Dr. Christison of this fact. We are therefore disposed to agree on this point with M. Rayer. Every one will of course grant Dr. Christison that, as the quantity of urine discharged is commonly below the normal average, the total amount of solids excreted therewith in the twenty-four hours falls below the healthy standard; but the estimate that it falls to one fourth or one sixth of the ordinary mean is not to be confided in, as the error just referred to must have influenced this calculation also.

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[1] Dr. Christison also believes that the following appearances "ought to be distinguished with the view of afterwards tracing their relationship. 1. Congestion of the kidneys with or without some granular deposit in their substance. 2. True granular degeneration of the cortical or tubular structure; *a*, finely granular; *b*, botryoidal. 3. Degeneration by a smooth homogeneous yellowish gray mass, intermediate in consistence between that of the liver and that of the brain. 4. Disseminated tubercles. 5. Induration of semi-cartilaginous hardness. 6. Atrophy, with disappearance of the proper renal structure, and with or without one of the previous morbid states. 7. Simple anæmia."

Examined under the microscope, the urine is seen to contain blood-globules in numbers, occasionally mucus-globules, and always lamellæ of epithelium; at this stage crystals of uric acid are rarely observed. The sanguinolent appearance may obtain for two or three days, or more, and sometimes recurs after disappearance; the degree of bloody impregnation varies from time to time, as that of the albuminous, and the abundance of the latter is not at all in the direct ratio of the former. The quantity of albumen discharged varies not only in different patients, but in the same subject from day to day, nay, even from hour to hour. Dr. Christison affirms that it is always abundant during this stage, but may suddenly disappear temporarily; Rayer has "often" found the pale urine of the chronic malady "much more highly albuminous" than the deep red fluid voided in the acute stage.

The renal regions are commonly the seat of dull, rarely of acute pain. Dr. Christison speaks of frequent desire to pass urine, accompanied with difficulty or pain in the act, as existing at this period: M. Rayer affirms that these phenomena are never present except there be coexisting disease of the bladder, or fibrinous concretions of large size present themselves at the orifice of the urethra. The retraction of the testicle and pain in the direction of the ureters, sometimes observed in simple nephritis, do not appear to exist in this affection. Scarcely have the morbid changes of the urine been established, when anasarca supervenes, ordinarily commencing by puffiness of the eyelids or face, in other cases originating in the limbs, and characterised by tenseness of the skin and the absence of pitting under pressure.

To the frequency of buffiness in blood drawn at this period of the disease, we have the testimony of all observers who have written on the subject. The specific gravity of the serum diminishes from the decreased proportion of its albumen, and may fall from 1030, the normal mean, to 1022, or even 1020 or 1019. Rayer states that the natural state may return a few days after venesection, provided that operation have rendered the urine less albuminous than it had previously been. The serum is sometimes lactescent from admixture with fatty matter removable with sulphuric ether. According to Dr. Christison, "the presence of a large quantity of urea" in this fluid may be ascertained during the present stage, provided the amount of urine have not been considerably increased by incidental causes beyond what constitutes the common average at this period. MM. Rayer and Guibourt sought unsuccessfully for albumen in two instances during the first stage. Negative evidence will not, in circumstances like these, more especially as

M. Rayer does not mention the quantity of urine daily discharged, counterbalance the positive assertion of Dr. Christison. But his proposition appears open to attack on other grounds. In truth, on turning to Dr. Christison's collection of cases, we find not a single one conclusive of the alleged fact. Cases i. and xx. are probably those to which the author would direct our attention; but that the former was a case of Bright's disease at all may be doubted; and as death did not occur in the latter, the precise state of the kidneys can only be matter of conjecture; but that it was far from being exactly such as the narrator of the case would infer appears from the following considerations: The subject whose history is therein given had had anasarca twice previously, twenty years and five years before he presented himself at the Edinburgh infirmary. Granted that he had in the interval been in apparent possession of good health, and that his last attack supervened with acute symptoms; where is the proof that the man had not been voiding albuminous urine for months, for years,—in a word, that the disease had not in the interim been following a latent course? Does not Dr. Christison here fall into the very error against which he himself, even more emphatically than his coadjutors, in the investigation of this disease, warns others? Does he not totally forget the existence of his own 28th, 29th, and 67th pages, where he says there are many cases where, although the disorder may *appear* to have begun as an acute affection, traces will be found of its having existed for several months before in a chronic form; [where is this more likely than in a case where there had been at least two distinct attacks previously?] and further relates that the kidneys of a stout, muscular, and healthy woman, who had been killed in a squabble, were found "very far advanced in granular disorganisation." Had this woman been the subject of an acute intercurrent attack before death, and fallen under the notice of Dr. Christison, her blood would have furnished an excellent example of impregnation with urea "in the incipient stage of the affection." But, again, Dr. Christison's mode of satisfying himself of the presence of urea in some cases, may have its share in inducing the discrepancy of opinion referred to. It appears that he considers effervescence, with evolution of an urinous odour by the action of nitric acid on the alcoholic extract of the solids of the serum, a satisfactory proof of the presence of urea. Now, Lecanu,[1] and Brett, and Bird,[2] have shown that the peculiar odour in question is evolved when a certain extractive matter of the blood, wholly distinct in nature and properties from urea, is thus treated. Besides, MM. Guibourt and Rayer have ascertained that small solid masses, simulating the nitrate of urea in sensible properties, may be obtained by the reaction of nitric acid on certain alcoholic extracts of the serum. The proportion of fibrine now varies, according to Dr. Christison, from 82 to 30 parts in 10,000,—a tolerable proof of the insignificance of its ratio as an evidence of the presence of the disease; even in health the quantity of fibrine is subject to very extensive variation. Dr. Christison believes that the ratio is, in Bright's disease, "regulated by the amount of buffiness of the blood;" but M. Rayer well reminds us that, as Denis has shown, the quantity of fibrine cannot in other diseases be calculated by that of the buff. The proportion of hematosine is stated by Dr. Christison to be undecreased in amount during this stage. His calculation really refers to the globules and not to the hematosine; he himself appears to consider them the same thing.

The disease may terminate by recovery, by death, or by passing into the chronic forms. The former termination is announced by abundant sweating, by marked increase of discharge from the kidneys, with restoration of the natural characters of that discharge, and disappearance of the dropsical effusion. When the disease proves destructive to life, the fatal issue is generally preceded by cerebral symptoms, or by thoracic inflammation. If the complaint subsides into the chronic state, the patient may recover the general appearance of health, and no sign of morbid character be present except albuminous impregnation, a point, practically speaking, of the greatest importance. This state may have continued for a variable period, when a new attack of dropsy occurs, the disease assuming the aspect of an acute disorder. A fact upon which M. Rayer insists is, that in individuals of a habit rendered cachectic by disease, or by default of healthy nourishment, the disease may wear a chronic character *ab initio*, from the absence of marked symptoms of reaction, and yet the kidneys display on inspection the anatomical characters, though in an ill-marked form, of the acute complaint. And it is also a well-founded remark of this observer, that with each recurrence there is a stronger tendency exhibited to the chronic character, though, as we have just had occasion to hint, this is a rule not without its exceptions.

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[1] Brit. and For. Med. Rev., vol. vi. p. 433.

[2] Med. Gaz., vol. xii. pp. 494, 567, 805.

In the chronic, as in the acute disease, the state of the urine and of the blood, and the presence of serous effusion, furnish its principal signs; there is rarely distinct pain or tenderness under pressure in the renal regions. The urine is sometimes voided more frequently than in health. Dr. Christison dwells forcibly upon the diagnostic importance of the patient's "being awakened once or oftener in the night-time by the necessity of passing urine;" an evident proof how completely Dr. Christison's mind is engrossed by this affection, for there is probably not a single irritative state of any part of the *lower* portion of the urinary passages especially that is not productive of similar discomfort. The same writer observes, that the quantity of urine is often very little reduced below the standard of health, frequently it rather exceeds than falls short of it, but if an acute attack supervene, or if the chronic disorganisation "has been allowed to go on to an excessive extent, without the disease being cut short, as more usually happens, by some fatal secondary affection," it may diminish to almost total suppression: in a case of the latter kind, "the quantity, for nine days before death, did not exceed an ounce." This fluid is now commonly slightly acid, occasionally neutral or alkaline. M. Solon remarks that alkalescence cannot depend on the presence of ammoniacal carbonate, on account of the freedom from fetid odour, or from effervescence under nitric acid, and ascribes it to the sodaic salts of the serum, which find their way into the urine along with its albumen. Were this, however, a perfectly correct explanation, we should expect to find alkalescence in the direct ratio of albuminous impregnation, which is far from being the fact. The density of the urine is now invariably low, and may fall to 1004, an effect produced by diminution of its solid constituents. It is not known in what proportion this diminution affects the urea and salts respectively: M. Solon has pointed out the deficiency of calcareous salts. The fluid is pale, with scarcely any urinous odour; occasionally turbid, contains lamellæ of epithelium, and, as its chief characteristic, a variable quantity of albumen. Its sediment sometimes contains mucus-globules or blood-globules, and small crystals of lithic acid; in very rare cases some pulverulent lithates are discoverable; the phosphates also are present in very feeble proportion. The slight muddiness or turbidity occasionally observed is, according to Dr. Christison, "probably owing to modified vesical mucus," but it may also depend on the suspension of fatty matter removable with sulphuric ether, as shown by Rayer. Respecting the relative amount of albuminous impregnation in the two stages of the disease, authors vary. Dr. Osburne relates that the extent of disease discovered after death has been, according to his experience, invariably in proportion to the degree of coagulability. Rayer has found the "quantity of coagulum often greater in the acute than in the chronic disease," the whole sample of urine acted upon sometimes forming into a mass; in others, slight opalescence only being produced. It appears clearly from his chapter on the "progress of the disease," that M. Solon holds an increasing proportion of albumen to be indicative of advancing disorganisation. Dr. Christison's "observation leads to the inference that the albumen abounds most in the early stage, decreases towards the advanced stage, and when abundant in the latter period, is so *incidentally from the supervention of fresh reaction*." We confess ourselves unable to account for the difference of opinion here exhibited, unless the proposition printed in italics afford the clue thereto.

Meanwhile, what is the state of the blood? As may be anticipated from what has just been said respecting the urine, contradictory notions are held on this point. If we credit Dr. Christison, "the density and solid contents of the serum, previously much reduced, gradually return to the healthy standard, or even exceed it;" in the middle stage, the density is said to be about 1024; in the advanced, it may be so high as 1031. The proportion of the solid constituents of the serum is, on the contrary, according to Rayer, remarkably lowered to such a degree, that he has found the specific gravity fallen to 1029, 1019, and even 1013. It will be observed, that in both instances the density of the serum is inversely as the different proportional quantity of albumen presumed by each of these writers to be passed with the urine; each of these has at least the merit of consistency. On this subject M. Rayer remarks, "*if* by beginning of the disease Dr. Christison understand the end of the first, or the course of the second month of the complaint, the diminution in the density of the serum is beyond a doubt sometimes very considerable; *if* by middle stage he designate cases in which, in consequence of amendment in the patient's state, a decreasing quantity of albumen is discharged with the urine, this statement is still correct. But the diminution of albumen in the urine and augmented density of the serum, stated by Dr. Christison to be the ordinary characteristics of the final stage, appear to me to be of completely exceptional occurrence." (Vol. ii. p. 122.) Your *if* would then fain be a peacemaker among pathological wranglers; but in this instance, at least, its pacific efforts fail, as Dr. Christison does not distinctly state any thing of the kind alluded to. Nevertheless, there may be some share of justness in M. Rayer's supposition, for, judging from Dr. Christison's published cases, it may be questioned whether this practitioner has had an opportunity of observing a single indisputable example of Bright's disease in the truly acute stage; an idea which receives corroboration from the fact that he himself places "granular deposition" among the anatomical characters of the very earliest stage. Again, these observers differ: the Parisian writer has found the lactescent appearance of the serum now more marked, the Scottish less so, than in the outset of the disease. They agree, however, in stating the quantity of cruor to be commonly diminished and that of serum increased; and coincide in considering the proportion of globules diminished: M. Rayer has determined the latter point by microscopical examination; Dr. Christison ascertained by chemical analysis that the ratio may sink to less than a third of the healthy average. The fibrine is now, according to the latter observer, most commonly natural in amount. But here the uniformity of opinion ceases. According to Dr. Christison, the urea "*frequently* disappears from the serum of the blood as the disease advances;" while M. Rayer affirms that this proximate principle may be *more frequently* detected in the chronic than in the acute stage. The Edinburgh Professor modifies the above opinion so materially in the very sentence in which it is announced, as to involve, at the least, a contradiction in terms: "in the most advanced stage," he says, the urea *commonly* reappears, and it is sometimes present towards the close in larger proportion than ever." The variation depends, it is alleged, on the varying quantity of urea excreted by the kidneys; whenever this is materially reduced, the principle in question may be distinctly found in the blood.

The characters of the anasarca which forms an almost invariable attendant on this stage of the affection are sufficiently well known. But respecting the importance of anasarca as a symptom there is some difference of opinion. The French describers of Bright's disease, struck with its extreme frequency, rank it among the regular symptoms of the affection; Dr. Christison, influenced by its occasional absence, lowers it in importance to that of a mere secondary affection. If the arrangement of Dr. Christison be more scientific, (this, however, may be doubted, for we are not aware that the signification of the phrase "secondary affection" has ever been defined with precision,) that of the French authors is much more practically useful, inasmuch as less danger is to be apprehended from slight exaggeration of the frequency of the condition in question, than from underrating the constancy of its occurrence. Dr. Christison upbraids the continental writers on the subject with "incorrectly considering anasarca an essential character of the disease;" but the accusation is a groundless one: M. Solon (p. 267) recognises the occasional absence of anasarca as an ascertained fact; M. Rayer has figured the kidneys of individuals who had not suffered from this symptom, and M. Forget published a similar case. Whatever be the term applied to indicate the connection of anasarca and the renal lesion, the important point to remember is, that the former is scarcely a less frequent attendant on the latter than, for example, cough on phthisis.

The volumes of MM. Rayer, Solon, and Christison contain numerous reports of cases in justification of the general statements broached by their authors. We have much satisfaction in perceiving in those of the latter writer a very distinct improvement upon the ordinary style of records of the kind published in this country; and though numerous defects both of matter and manner might easily be pointed out, we shall, in compliment to the general superiority of the whole, suffer these to pass without particular notice. M. Rayer's cases are divided into two grand sections: the first exhibiting the characters of the uncomplicated disease; the second illustrating its multitudinous relations of cause and effect to certain organic and functional maladies. In his commentary on these cases, the author examines some of the most important questions connected with the general pathology of the disease. Opportunities of ascertaining the condition of the kidneys in the truly acute stage have rarely occurred, and from the statements already laid before the reader, it follows that in the present state of knowledge there can be little surety in many instances respecting the stage of the disease from the evidence of symptoms. Besides, in respect of other renal affections, the diagnosis of the early stage of Bright's disease is any thing but satisfactorily established. In proof of this, it is sufficient for the present to state, that two cases, reported by M. Solon as distinct examples of the incipient affection, are regarded by M. Rayer as cases of inflammation of the pelvis, of the kidney and bladder: that Dr. Christison's case i., put forward as exhibiting "a characteristic example of the early stage of granular disorganisation," is by the same French writers esteemed a case of *simple* nephritis, attended with typhoid symptoms; and again, the patient of the Edinburgh author's case xix., supposed by him to have been the subject of the early stage of Bright's disease, is by M. Rayer maintained to have suffered from simple hematuria. In many cases of acute dropsy, with coagulable urine, and this more especially where renal pain coexists, the kidneys are probably the seat of such congestion as would ultimately lead to the special disorganisation, but it would be no easy task at present to demonstrate this, as the following paragraph will show. In the infancy of our acquaintance with a disease, we can rarely acquire scientific certainty of diagnosis unless with the assistance of the scalpel. M. Solon adds one distinct example, with the dissection, of the incipient stage of the disease, to that published by Dr. Bright; M. Rayer three or perhaps four of the same kind.

[To be continued.]

BIBLIOGRAPHICAL NOTICES.

Hare's Compendium of Chemistry and Electricity.[1]

These useful volumes, from the pen of one of our ablest chemists—well known in Europe as well as in this country—must greatly facilitate the progress of the student in the agreeable and important departments of chemistry and electricity. The facts and doctrines are clearly expressed, and the text is elucidated by appropriate woodcuts. The works are well adapted, not simply for the tyro in chemistry, but for every one who is desirous of being on a level with the state of the sciences investigated in their pages.

Professor Drake's Introductory Lecture.[2]

The grounds assigned by the able and veteran author and teacher for consenting to the publication of this appropriate introductory discourse are—first, that it may do something towards promoting the study of pathological anatomy in the west and south, and perhaps aid the student, after graduation, in the prosecution of clinical observations; and secondly, that its publication might contribute to make known the fact, that the professors of the Louisville Institute had erected an amphitheatre in which the examination of patients can be conducted in a manner far more advantageous to students of medicine than in the wards of the hospital.

The whole address is appropriate, and characterised by all the intellectual vigour of the author.

Tweedie's Library of Medicine.[3]

The volume before us is the third of Tweedie's Library of Medicine. The two first we have already noticed. The present is at least equal to its predecessors. We are disposed, indeed, to regard it as superior to the first volume, the articles in which are more unequal than in any of the others.

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[1] A Compendium of the Course of Chemical Instruction in the Medical Department of the University of Pennsylvania. By Robert Hare, M. D., Professor of Chemistry. In two parts. Part I. comprising the Chemistry of Heat and Light, and that of Inorganic Substances, usually called Inorganic Chemistry. Fourth edition, with amendments and additions. 8vo, pp. 370. Philadelphia, 1840.

A Brief Exposition of the Science of Mechanical Electricity, or Electricity Proper, subsidiary to the Course of Chemical Instruction in the University of Pennsylvania, with engravings and descriptions of the apparatus employed. By Robert Hare, M. D., Professor of Chemistry. 8vo, pp. 80. Philadelphia, 1840.

[2] An Introductory Discourse to a Course of Lectures on Clinical Medicine and Pathological Anatomy, delivered at the opening of the new Clinical Amphitheatre of the Louisville Marine Hospital, Nov. 5, 1840. By Daniel Drake, M. D., Professor of those branches in the Medical Institute of Louisville. Published by the Class. 8vo, pp. 16. Louisville, 1840.

[3] Dissertations on Diseases of the Organs of Respiration. By C. J. B. Williams, M. D., &c., Professor of the Practice of Medicine, University College, London; Theophilus Thomson, M. D., Physician to the Northern Dispensary, &c.; W. B. Carpenter, M. D., Lecturer on Forensic Medicine in the Bristol Medical School, &c.; W. Bruce Joy, M. D., Fellow of the King's and Queen's College of Physicians in Ireland, &c. Edited by Alexander Tweedie, M. D., F. R. S., &c. &c.; with American Notes and Additions. By W. W. Gerhard, M. D., &c. &c.

Having consequently spoken favourably of the two first volumes, we can unhesitatingly recommend this also to the attention of our readers. It is replete with interesting practical instruction.

MISCELLANEOUS NOTICES.

Pennsylvania Asylum for the Insane Poor.—It affords us heartfelt pleasure in being able to state that the bill for the establishment of an institution for the insane poor has passed the legislature by an overwhelming majority, and has received the sanction of the governor; so that it is now a law. It is a glad triumph to those whose philanthropic exertions have been instrumental in the result; and a bright spot in Governor Porter's administration.

Albany Medical College.—The number of students, as per catalogue, was 122 during the last session. The number of graduates was 29.

Vacant Chair in the Medical Department of the Transylvania University.—The chair of the theory and practice of medicine in the medical department of the Transylvania University is at present vacant, and with a view to fill it in the best possible manner, applications for the appointment are invited from the members of the medical profession.

The communications on the subject must be addressed to the *Dean of the Medical Faculty of T. U.*, and come to hand before the first of June next, when the appointment will be made. The name of no one but the successful candidate will be made public.

Jefferson Medical College of Philadelphia.—At the annual commencement, held on the 6th of March, the degree of doctor of medicine was conferred on *fifty-six* graduates. The honorary degree was granted to *one*. The names will be given in our next.

Pennsylvania College, Medical Department.—At the annual commencement of this institution, held on the 2d of March, the degree of doctor of medicine was conferred on *thirty-nine* gentlemen. Besides these, *three* received the honorary degree of doctor of medicine.

Spring Course of Lectures at the College of Physicians and Surgeons, New York.—An association has been formed, for the purpose of offering to the students of medicine in New York a course of instruction, which, it is hoped, may profitably occupy a portion of their time during the ensuing spring and summer.

Lectures will be delivered at the College of Physicians and Surgeons, in Crosby street, on the following subjects:—

On the pathology of the chest, auscultation, and percussion, by John A. Swett, M. D., lecturer on diseases of the chest. This course will be fully illustrated by clinical cases.

On club feet and analogous deformities, by —— Detmold, M. D.

On the diseases of the kidneys, by Wm. C. Roberts, M. D.

On the diseases of the eye, by G. Wilkes, M. D., surgeon of the New York eye infirmary. Clinical instruction at the infirmary.

On the pathology of the uterus and its annexes, by C. R. Gilman, M. D., lecturer on obstetrics and the diseases of women and children in the College of Physicians and Surgeons.

On operative surgery, by W. Parker, M. D., professor of surgery, College of Physicians and Surgeons.

On the anatomy of the nervous system, by James Quackenboss, demonstrator of anatomy.

On surgical anatomy, by R. Watts, Jr., M. D., professor of anatomy, College of Physicians and Surgeons.

The lectures will commence on the first Monday in April, and continue about three months. Two lectures will be delivered daily. Hours, from one to three o'clock.

The fee for the whole course is ten dollars—a movement downwards in the rate of fees which does not meet our approbation.

Dissection of a Club-Foot.[1]—Sir, I enclose you an account of the dissection of a case of club-foot, in which the sole was turned inwards and upwards, the patient treading on the upper surface of the os cuboides, which had become rough and irregular, giving rise to an extensive ulceration on the instep, for which the limb was amputated; but the case did not do well, owing to the formation of abscesses in the thigh, and a subsequent attack of hemiplegia. I am, sir, your obedient servant,

PHILIP B. AYRES, M. D., M. R. C. S.

Thame, November 27, 1840.

Tendo achillis very much shortened, preventing flexion of the ankle-joint.

Tendon of the tibialis anticus very short, preventing eversion of the foot.

Tendon of the extensor longus pollicis rather shortened, but nearly natural.

Tendons of the extensor longus digitorum natural.

Tendon of the peroneus tertius elongated and expanded.

Extensor brevis digitorum flabby and very thin, but otherwise natural.

Tendon of the flexor longus pollicis rather shortened.

Tendons of the flexor longus digitorum somewhat shortened, but very slightly so.

Tendon of the tibialis posticus slightly shortened.

Tendons of the peronei natural.

Short muscles of the foot natural.

The bones of the foot, although the patient was 27 years of age, and the disease congenital, were apparently in a natural state, and would certainly, judging from their appearance, have allowed the foot to have regained its natural position had the opposing tendons been divided. The principal opposing tendons were those of the gastrocnemii and soleus, and the tibialis anticus, so that by dividing these tendons, the remainder, which were nearly in their natural state, would have permitted the foot to have righted itself. I am not aware that there is any novelty in this case; but as in new operations every fact possesses some value, I have sent this dissection for publication.

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[1] London Medical Gazette, Dec. 11, 1840, p. 448.

THE

AMERICAN MEDICAL INTELLIGENCER.

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For the American Medical Intelligencer.

Art. I.—CASE OF PNEUMONIA SUCCESSFULLY TREATED BY LARGE DOSES OF TARTAR EMETIC.

BY JAMES H. MAY, M. D., OF WENTWORTH, NORTH CAROLINA.

Dr. Dunglison,

I was called on the 12th of September, 1840, to see Green, a negro boy, the property of Mr. Samuel H. Walker, of Rockingham county, N. C. The boy lives where the various types and grades of bilious fever are very prevalent; and this season the neighbourhood was exceedingly subject to bilious remittent. This boy had complained of feebleness and indisposition for some days previous to the 7th inst., which led to the belief that he was to be a subject of the disease then prevailing. On the 7th at night he was very active hunting, and in a profuse perspiration lay down on the ground late at night (which was nearly frosted) and slept till day. From this time he was prostrated. On the 12th, when I first saw him, he was labouring under typhoid pneumonia; these were the symptoms:—frequent cough, with no expectoration; pain on inspiration; and pain on pressure through the whole chest, particularly on the right side; breathing short and hurried; skin of a pungent warmth, and dry; occasional delirium, with that sharpness and quickness peculiar to such cases; pulse 120, rather small, soft, and feeble; bowels very active from having been purged too much before my arrival; tenderness of the epigastrium, with an irresistible desire to throw back his head; tongue thickly coated with yellow, of a fiery red beneath, and dry on the tip. Although I considered it doubtful whether I should take blood at the arm, yet the pulse appeared to have sufficient firmness to bear it. I bled him between 8 and 10 ounces; prescribed small portions of calom. and pulv. Dov. every two hours, and an expectorant and sedative mixture every four hours of spts. nitre, paregoric, and ipec., and applied a large blister, covering the epigastrium and lower part of the chest.

14th Sept., afternoon, saw him; something better, pulse 110, rather more full; delirium less; some expectoration, though very bloody and yellow; blister had drawn well, and bowels were more quiet; otherwise he was pretty much the same. Cupped him extensively round the chest, but did not get much blood from the want of free capillary circulation. Other prescription of the 12th continued.

15th, at night, sent for; much worse; pulse above 115, smaller and feebler; bowels again become very active; more constant delirium; remarkable shrinking away of the flesh; countenance haggard; expectoration small in quantity, painful, and of the same colour; tongue dry, one side where the fur had worn off, smooth, dry, and *glazed;* skin of that warmth termed *calor mordax.* Cupped him again, without much blood; applied a blister over the right side of the chest; continued the other medicines, with lessening the cal. in the powders and increasing the ipec. in the drops.

16th. Remained over night; still worse; spent a restless night; pulse above 120, more contracted; constant delirium; idle talking and imaginary sights; still greater shrinking of the flesh; features sharp and haggard; hippocratic countenance; expectoration small in quantity and extremely bloody; tongue dry and parched, a portion of it smooth and *glazed;* articulation difficult; restlessness and jactitation; breathing short, with the tracheal rattle. In this state of things I should have pronounced him hopeless under the usual practice; his rapid decline since the 14th showed how futile my practice had been, and indicated, I thought, how utterly useless the ordinary practice would still be if pursued. In this dilemma what was to be done? The practice of giving repeated emetics, after the manner of Riviere and Stoll, and the Italian practice of giving large doses of tart. emet., so highly extolled by Laennec (the highest authority), occurred to me. He was, I thought, too feeble to pursue the former with the least hope of success, and there appeared to be as little hope of success with the latter. But the account of Laennec, in his chapter on Peripneumony, of his remarkable success in patients thought to be moribund, determined me to make trial of the latter remedy, without the least expectation that it would succeed. His usual practice was to give one grain every two hours till he gave six grains, then to rest twelve hours; but my recollection not serving me well on this point, I gave him *four* one grain portions at intervals of two hours, attending to its exhibition myself. After the two first grains he vomited once a considerable portion of green bilious matter; save this he took the four grains without any other evident effect but that of great sickness of the stomach. I left him this evening, ordering the same course to be pursued the next day, of giving the tart. emet. in an infusion of common tea, the best vehicle I had at hand, suspending all other medicines while doing this.

18th. Saw him at one o'clock; astonished at his improvement; pulse 85, more full and soft; cerebral congestion and delirium completely gone; countenance more natural; expectoration easy, and without pain; tracheal rattle gone; breathing more full and slower; tongue inclined to be moist; skin a more natural warmth; in short, every symptom showing a removal of cerebral congestion and resolution of inflammation in the chest.

Yesterday, the 17th, I was informed the tart. emet. purged him excessively, so as to produce syncope, and induce the attendants to believe he was dead. They gave him some laudanum and camphor, which checked his bowels and revived him; at the same time a slight moisture appeared on the skin. After prescribing a pill every four hours of opium, ipec. and calomel, with occasionally an expectorant mixture, I left him with the hope now that he would get well.

20th. Still improved; every symptom indicating convalescence. But on this day there appeared on the surface of his body a great many blisters about the size of a grain of corn, and larger; some contained a fluid clear as water, in others it was turbid; and there appeared under the angle of the left jaw a large tumour, which became an abscess, was ultimately lanced, and discharged a great quantity of matter. I left directions to keep his bowels regular, to use gentle friction with dry flannel; prescribed wine and wine whey and a proper diet.

24th. Saw him again; he had still mended. The course prescribed on the 20th pursued, under which he improved so much that he was able to walk across the house; when, on the 2d October, he was taken with epistaxis, and bled much till near night, when it was checked by cold applications to the neck, head, and scrotum. At one o'clock on the morning of the 3d it commenced again, and bled till four o'clock, P. M., when I saw him, having been absent from the county till then. He had bled a great deal, from the feebleness of his pulse and the disposition to syncope; his nose was then dripping slowly. Sulph. acid. dilut. and a solution of sulphate copper was directed to be injected into the nose *pro re natâ*, and a pill of two grains sugar of lead and one fourth grain of opium given every two hours, which on the 4th succeeded entirely in stopping the hemorrhage.

8th Oct., prescribed friction with dry flannel; mild aperient pills when necessary; barks and wine, and properly regulated diet; and now, on the 20th Oct. the boy is well, and has but to get his flesh and strength.

In reviewing the progress of this case, I am struck with the efficacy of the tart. emet. treatment; and so far as one instance goes, it is a complete triumph of the practice. It appears that his system did *not* acquire *tolerance* of the medicine the two days of its exhibition; it vomited him once on the first day, and purged him copiously on the second, besides creating a slight perspiration.

Its effect had been sufficiently salutary I perceived on the 18th, and I gave no more. I will here quote a sentence from Laennec as apropos:

"Although copious purging and frequent vomiting are by no means desirable, on account of the debility and hurtful *irritation* of the intestinal canal which they may occasion, I have obtained *remarkable cures* in cases in which such evacuations had been very copious." This, then, was one of the favourable cases which never acquired tolerance of the article, and where the evacuations were copious. The treatment, indeed, snatched him from the grave. I have had numerous cases of pneumonia and pleurisy, and so far as my experience and the experience of other physicians with whom I have conversed show, every patient, when combining the symptoms of this boy's case on the 16th, has died.

The wonder is *now* that I never used it before. I never have, nor has any physician, to my knowledge, in this section of country. It would seem he was about to take the malarious fever there prevailing, but his exposure on the night of the 7th Sept. rendered the thoracic disease predominant,—in fact, made his a case of typhoid pneumonia. There was, when I first saw him, besides inflammation of the lungs and cerebral congestion, considerable *gastric irritation:* but thoracic and cerebral disorder were predominant throughout. In my view the stomach should not be much diseased when the tart. emet. is administered; the irritation in this case did not seem to be so great as to forbid its use. The only appearance of perspiration from the beginning of his sickness till his recovery was on the 17th, on the second day of taking the tart. emet., when he was so sick, and when—I omitted to state—some blood was discharged from his bowels. Might not the blisters which appeared on the 20th be intended by nature as a vicarious perspiration?—at any rate they were novel and unaccountable to me. I have been minute in drawing up this case, but if it shall be the means of saving one from the grave, I shall be amply rewarded. It is a practice but little followed, I believe, in the United States, but I trust it will command more general attention from physicians.

James H. May.

Art. II.—MORBUS BRIGHTII.

Concluded from page 333.

We pass on to the section of M. Rayer's commentary, in which the relation of this disease to other morbid states of the urinary organs are the subject of inquiry. The result of his experience on this matter is extremely important. "I have already," he says, "had occasion to point out frequently the striking analogies between simple and albuminous nephritis. The action of cold and damp produces both diseases. In the acute stage (with the exception of deposition of pus, which has either not been observed at all, or at least very seldom, in Bright's disease,) the anatomical characters are identically the same,—the injection of the kidneys, their increased size, yellow discoloration, &c., are all appearances common to both maladies. In the most advanced chronic stage, the lesions are so precisely similar, that were it not for several circumstances connected with the progress of these affections, the absence or presence of dropsy, and the constant or only occasional presence of albumen in the urine, it would be impossible to distinguish them from each other." But, adds this author, there are striking points of distinction also between these diseases, the only one cited being the marked influence of morbid states of the remainder of the urinary passages or simple nephritis, while these are presumed to be without, or at least to have very slight, influence on the albuminous species. M. Solon considers simple nephritis distinguishable from Bright's disease by the absence of œdema, and the presence of renal pain, nausea, and vomiting. But it must be remembered that Bright's disease, as admitted by M. Solon himself, is not attended in all cases with anasarca, and the symptoms, mentioned as peculiar to simple nephritis, decidedly occur in the so-called albuminous variety. Dr. Christison's experience does not allow him to speak decidedly on the subject, "as simple nephritis is an extremely rare disease in Edinburgh." In the accuracy of the latter statement we see no reason for coinciding; it is a notorious fact that some years since, before renal pathology had excited the attention it has of late done, the persuasion of the rarity of nephritis was universal. We have ourselves heard most eminent Parisian pathologists affirm that they had scarcely ever seen an example of nephritis,—men who now in the short space of a session find abundant materials for lectures on the disease among the patients of a single ward. And again, how Dr. Christison managed to draw the inference from Rayer's works that that pathologist maintains atrophy to be peculiar to and distinctive of the *simple* chronic nephritis, we are at a loss to understand. So far is this from being the truth, that Rayer has actually figured five examples of atrophy as a dependence upon the disease described by Dr. Bright.

The reader is most probably acquainted with the case published by the late Dr. Gregory, (Ed. Med. and Surg. Jour., vol. xxxvi. p. 359,) as exemplifying the production of Bright's disease under the influence of lithotomy: the kidneys are represented to have been mottled, and to have contained internally a considerable quantity of granular matter. This is regarded by M. Rayer as an example of simple nephritis, an affection of most common occurrence under the circumstances described by Dr. Gregory: the mottled appearance is quite as frequent in the latter form of disease as in "albuminous nephritis;" and Rayer is of opinion that the granular matter must in reality have consisted of pus or plastic lymph. The case furnishes an excellent illustration of the necessity of minuteness and accuracy of detail, particularly with respect to subjects of novelty. Albuminuria after lithotomy by no means proves the existence of Bright's disease; Rayer has repeatedly discovered albumen and blood-globules in the urine of subjects suffering from *simple* nephritis and cystitis after that operation.

The correctness of Dr. Christison's diagnosis in several of his reported cases is contested, and not without apparent foundation, by the French pathologist. We have already mentioned that the first case in his work is regarded by M. Rayer as an example of simple nephritis, with typhoid symptoms; the truth is, that renal pathology is so little advanced that it would be presumptuous in us to attempt to decide between these discordant writers, at least in respect of the present question; yet we may be permitted to say, that to our minds there is an *a priori* force in M. Rayer's objection, from the fact that it is—or at least was formerly—too much the practice of Edinburgh to set down as typhoid fever every inflammatory affection attended with typhoid symptoms. Dr. Christison's third and eighteenth cases we fully agree with Rayer in considering examples of common inflammation affecting the bladder and kidneys, and wholly different from Bright's disease. And in his remark that Dr. Christison appears much too prone to infer the presence of granular disease from the occurrence of albuminuria, M. Rayer will, we apprehend, be joined by every one who impartially studies the work of the former. Again, the Edinburgh writer's nineteenth case refers to a subject who had abundant hemorrhage from the urinary passages followed by albuminuria, and is by the narrator considered an example of the special affection; while by M. Rayer it is esteemed an unequivocal instance of essential hæmaturia. Dr. Christison considers (apparently on the authority of Martin-Solon) that "in hæmaturia without granular disease, the urine ceases to contain albumen as soon as it ceases to present the colour of blood:" but his antagonist affirms that he has frequently found the urine in hæmaturia continue albuminous for some time after it had ceased to contain blood-globules, either in suspension or in its sediment.

M. Rayer considers diseases of the bladder, prostate, and urethra without influence on the developement of "albuminous nephritis," and has found that the latter affection rarely induces inflammation in the pelvis and ureters, and still more rarely in the bladder. He seems disposed, however, to admit that diabetes may have some influence in its production. Certain it is, that saccharine diabetes not very uncommonly passes into dropsy, with albuminous urine; but, though Dr. Bardsley declares (Cyclo. of Prac. Med., vol. i. p. 543,) he has observed the lesions of Bright's disease in subjects dying with diabetes, this is not a fact generally recognised, and M. Rayer reports a case (somewhat contradictory of his opinion on this subject stated in our former notice,) serving to show that, as has been alleged by others, the transformation of saccharine into albuminous urine may be a sign of amendment; if such be its import, it is difficult to suppose it an effect of the developement of Bright's disease.

The attention of the observers of this disease has been drawn to its frequent accompaniment by morbid states of the heart. Dr. Bright having found sixty-seven cases of cardiac affection (hypertrophy with or without valvular disease,) among one hundred of the renal disorganisation, infers, without making any inquiry into their relative priority, that the latter invariably acted as the cause of the former: he further undertakes to explain their mode of connection,—"either the altered quality of the blood affords irregular and unwonted stimulus to the organ immediately, or it so affects the minute and capillary circulation as to render greater action necessary to force the blood through the distant subdivisions of the vascular system,"—hence, it is presumed, the occurrence of hypertrophy: we are not informed how Dr. Bright has ascertained that morbid states of the blood produce necessarily the alleged effects, and it is obvious that affections of the valves are in this theory left altogether unexplained. Dr. Christison does not express himself very clearly or decisively as to the relation of the two states of disease, but does not adopt the curious conclusion that the cardiac are always secondary to the renal changes. M. Rayer infers from his own experience that in a very few cases indeed are the lesions of the heart an effect of those of the kidneys; he believes that Bright's disease is, on the contrary, very frequently produced by that of the central organ of the circulation, and has observed slight albuminuria, in subjects affected with hypertrophy or valvular lesions, gradually become intensely marked and attended with the most distinct evidences of the special renal affection. He adds, that albuminuria, existing in subjects labouring under disease of the heart or large vessels, with or without dropsy, is not pathognomic of Bright's disease; that, according to his experience, the urine of such patients may contain albumen, either from the kidneys becoming simply hyperæmic, or without their undergoing any apparent change whatsoever,—thus confirming the original statement of Dr. Darwall. He has even observed two cases of chronic pericarditis attended with discharge of albuminous urine towards the close of life, the kidneys appearing on dissection simply congested; and affirms that the derangement of the circulation consequent on endocarditis may cause the escape of albumen with the urine in cases where no renal lesion of any kind exists.[1] In these instances, the high specific gravity of the fluid, and the larger proportion of lithates and of urea therein contained, are pointed out as peculiarities which distinguish it from the excretion in marked chronic cases of the renal disease.

All these writers coincide in their statements respecting the extreme frequency of bronchitis as a secondary disease. M. Rayer observed it in seven eighths of his cases. It is sometimes attended with very copious secretion (bronchorrhœa), and may coexist with vesicular emphysema, and lead to pulmonary œdema, or, it is affirmed, lobular pneumonia. Dr. Bright found "recent or old traces" of pneumonia in one ninth of his fatal cases; Dr. Christison has only observed this complication in two instances; M. Rayer in at least one twelfth of his patients. Reviewing the experience of the four writers, it appears that pleurisy—exclusive of cases in which it evidently depended on pulmonary tubercles or pneumonia—is an affection of rare occurrence in the course of Bright's disease, although the original describer of the latter affection has maintained a somewhat different opinion. The existence of old pleuritic adhesions does not appear to have been more common than in subjects dying of all diseases indiscriminately, with the exception of phthisis. Both Dr. Bright and M. Rayer point out the extreme frequency of pulmonary œdema: both have observed it in one third of fatal cases. But their experience differs respecting the connection of phthisis and the renal disease. Dr. Bright having rarely found them coexistent, and having noticed that in some cases tuberculous disorganisation appeared "to have made a certain inroad upon the upper lobes, and then to have sunk into a state of quiescence, or entirely subsided," is inclined to the persuasion "that so far from these diseases being *associated*, the condition of the body in this form of renal disease is unfavourable to the existence of phthisis." M. Martin-Solon adopts a similar notion. Dr. Christison, on the contrary, maintains that the renal affection sometimes occurs as a secondary disease in the course of phthisis; and M. Rayer advocates the same opinion, on the ground of his having observed every form of the disease—in many instances successively developed in the hospital—coexisting with pulmonary tuberculisation, manifestly of prior developement. He has also observed a certain number of cases in which pulmonary consumption appears to have arisen from the deterioration of constitution induced by Bright's disease.

"With regard to the liver and abdominal viscera generally," remarks Dr. Bright, "as compared with the heart and lungs, a very great immunity from structural disease is to be observed." In the tabular view of one hundred cases drawn up by this author, the liver is stated to have been healthy in forty cases, and in thirty-two others there was merely a mottled appearance, arising probably from disturbed circulation in articulo mortis: in eighteen only were there marks of confirmed disease. Now, as the subjects of these cases were, in the great majority of instances, any thing but sober persons, we have here an argument of no mean force against the prevalent conventionalism respecting the direct influence of intemperance on the liver,—an influence the amount of which has, beyond the shadow of a doubt, been monstrously exaggerated.[2] This result is the more important, as Dr. Christison talks of conjunction of hepatic and renal disease being easily understood, *because* both are among "the infirmities of the *constitution of intemperance.*" All species of lesion appear to be discovered indifferently in the liver in these cases; it occasionally contains granular matter, assimilated both by MM. Rayer and Christison to that developed in the kidneys.

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[1] As mentioned in our previous article, Dr. Christison in his pleadings for the diagnostic importance of albuminuria, throws out doubts of the efficient information of the observers who professed that cardiac disease might induce this symptom. He would himself, we doubt not, be now disinclined to push this argument, as Dr. Carswell has meanwhile published an indubitable example of the fact in the Lancet; and M. Rayer reports at length the details of a similar case, in a chapter headed "Albuminous Nephritis similated by Disease of the Heart."

[2] The palmy days of liver pathology are happily gone by,—yet how many victims do we still see salivated almost unto the death for "obstinate hepatic inflammation," assuming the curious shape of pleurisy,—how many tuberculous subjects with wandering pleuritic pains are assured that "congestion about the liver" is the only obstacle to

The lesions observed in the other abdominal viscera and in the intestinal canal need not delay us,—a word, however, on one of the effects of these, diarrhœa. Dr. Christison, speaking of the frequency of this symptom among the Edinburgh sufferers from Bright's disease, wishes to impress his readers with the belief that diarrhœa is comparatively a rare secondary affection in other cities where "*the habitudes* of granular disease" have been made the subject of observation. He is informed by Dr. Bright that it "has never particularly attracted his notice in London," and assured by MM. Andral and Louis that in Paris affections of the bowels are not common. The alleged information from Dr. Bright is not easily reconcilable with the distinct written statement by this writer, that "diarrhœa has carried off several patients, (Guy's Reports, No. ii., p. 339); and as regards Paris, the experience of M. Rayer must be admitted to be more decisive on a question of the present kind than even that of the eminent persons just named; (it is besides not treating them fairly to take the statement here attributed to them *au pied de la lettre*, as misapprehension may easily arise in the verbal transmission of opinion); now, M. Rayer has observed diarrhœa in "upwards of half his patients,"—a diarrhœa remarkable for its intractability, and for its never lessening, no matter how violent it becomes, the amount of dropsical effusion:—far from this, the latter seems sometimes to increase *pari passu* with the former.

"Drowsiness and torpor are common symptoms throughout the whole disease from first to last," and so frequent are affections of the head, "more or less allied to apoplexy," of which death by coma seems the natural termination, unless life be cut short by some other incidental cause, that "it appears not quite correct to consider these affections as secondary." Does Dr. Christison here mean to affirm that such affections are more common than anasarca, which he unhesitatingly ranks with this category? The mode of progression of the torpid state which merges in irrecoverable coma, and proves the immediate cause of death in many cases, is sufficiently well known. Dr. Christison, however, in affirming without qualification that "this secondary affection may occur in the very earliest stage," broaches an opinion of debateable accuracy. At least M. Rayer has found this of singularly rare occurrence, except in cases where the disease follows scarlatina. Dr. C. has attentively studied the relation of the state of the urinary secretion to the cerebral symptoms, and though he admits the general correctness of the common belief respecting the dependence of the latter on suppression or extreme diminution of the former, yet he shows clearly that this is not an invariable fact: "I have known," he observes, "coma form and prove speedily fatal, when thirty ounces of urine were discharged daily up to the time of death; and in case No. 3, the patient passed no more than two ounces of light urine daily for nine days before death, yet he remained sensible to the very last moment of his existence." He has also found that coma is not necessarily connected with the extent or increase of dropsical effusion. In many cases terminating fatally in this manner, the brain and meninges, it is affirmed, present no trace of lesion,—a position which requires the confirmation of numerous and very minutely detailed cases before its precise truth can be admitted.[1] Dr. Osburne speaks of arachnitis as a

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their enjoyment of health,—how often is gastric cancer modified into "mischief going on in the liver,"—and how easily might instances be multiplied in which this *favoured organ* forms the easy refuge of stolid cupidity.

[1] Of course we regard as mere nonentities cases in which the reader is obliged to content himself with the laconic statement—"brain healthy."

common species of disease under these circumstances; and Rayer of sub-arachnoid serous infiltration as the lesion most commonly discovered, along with occasional superabundance of fluid in the ventricles: from the fluid Dr. Barlow has obtained urea. Hemorrhage into the substance of the brain, into the ventricles, or the cavity of the arachnoid, have been noted by Dr. Bright; but, on the whole, lesions of this latter kind are so exceedingly rare, that M. Rayer is perhaps justified in doubting that there is any real dependence between the two states. The same must, *à fortiori*, be said of the "morbid tumours" discovered in the brain of one of Dr. Christison's patients, but respecting the nature of which "morbid tumours" the details, or rather the want of details, given by the author, scarcely permit even a guess.

M. Rayer has observed several examples of Bright's disease as the apparent effect of pregnancy. Some of these cases were remarkable for the facility with which the disease yielded after delivery to very simple treatment. In certain instances where the disease preceded, or was developed at an early period of pregnancy, it evidently interfered with the evolution of the ovum, and in cases published both by M. Martin-Solon and himself led to fatal abortion.

A very lengthy chapter is contributed by M. Rayer on the connection of "albuminous nephritis" and cutaneous diseases, of which the portion referring to scarlatina is alone really interesting. And in this, rendered heavy by needless prolixity, little is added to previous knowledge; even upon the most debateable point connected with the subject—the anatomical condition of the kidneys in patients suffering after that exanthema from anasarca and albuminuria—it supplies no original information: the latter omission appears to have arisen from a fortunate cause, the mildness of the affection at Paris. Yet it is fair to add that, by collecting the facts scattered through periodical and other works, M. Rayer has placed the reality of the occurrence of the successive stages of Bright's disease, under these circumstances, in a very clear point of view. The existence of dropsy, fever, and the presence of blood and albumen in the urine, which fluid is diminished in quantity and of low specific gravity, are the only safe signs of Bright's disease under these circumstances. Dropsy succeeding scarlatina by no means positively announces renal disorder; besides the possibility of its depending on disease of the heart or great vessels, general dropsy, unattended with coagulability of the urine, has been known to follow scarlatina, and nothing authorises us in ascribing such affection to a lesion of the kidneys,—a fact adverted to by Dr. Christison also in the same strain.

The experience of M. Rayer confirms the opinions of Drs. Hamilton and Christison respecting the influence of a scrofulous habit on the developement of the disease. A case is related by the French writer, in which the urine, though strongly albuminous, contained a large proportion of lithic salts; either the patient, in this instance, was affected with renal disease or not, (she left the hospital soon after her admission); but on either supposition, the constitution of her urine was remarkable: if she were not thus affected, by its abundant impregnation with albumen; if she were, by its full provision of urates. M. Rayer fancies that in this, and in some other similar cases, the proportion of lithates was influenced by the scrofulous habit of the patient.

From an examination of the cases published by Blackhall, Scudamore, and Bright, exemplifying the occurrence of albuminuria in gout, M. Rayer concludes that in some cases this phenomenon depends on the coexistence of Bright's disease, that in others its cause is unknown, but may possibly be "concomitant disease of the heart, or a modification of diabetes."

The duration of the chronic form of Bright's disease is exceedingly variable, and indeed defies exact calculation. In the first place, we can rarely feel satisfied of the accuracy of patients in their assurance that these symptoms commenced at this or that period,—not to speak of the uncertainty of such commencement as a sign of the real outbreak of the affection. Nor, even after the sufferer has placed himself under medical care, can the ulterior duration of the disease be predicted with even tolerable certainty; if the presence of albumen in the urine have been ascertained, this throws no light on the period when dropsy may supervene; nor does the establishment of anasarca make the problem of ulterior duration of easier solution.

Authors appear to have established, much to their own satisfaction, the etiology of the disease. The exposure of the body to sudden changes of temperature, and especially to the simultaneous action of cold and damp, is set forth as the most common cause of the disorder, and as being particularly evident after scarlatina. If, however, this be the fact in acute cases—and we are not disposed to contest this—it may be doubted in respect of the chronic order. We have not only no hesitation in affirming with Dr. Christison that, "since in the generality of cases the disorder establishes itself silently and very gradually, its exciting cause must obviously prove for the most part inappreciable;" but we cannot help feeling persuaded that had he observed the caution, which he well states to be requisite, in taking for granted the reference often made by patients of their illnesses to cold, he would be disposed to admit, even more fully than he has done, our utter ignorance of the exciting causes of the disease. However, quasi-statistical facts are adduced by M. Rayer and others to support the current opinion;—he enumerates a head of trades, the followers of which, he alleges, are more prone to the disease than other persons. But in the first place, he seems to have collected under this host of trades, peculiarly exposing their followers to cold and damp, the most numerously peopled artisanships of Paris;—if they are stronger in numerical force, of course, in the natural course of things, they should furnish the largest quota of the disease in question.

Dr. Christison finds "the constitution of intemperance" a most important predisposing cause of the disease, and makes a nice distinction of the spirit-bibbers into those who are habitual drunkards, and those who constantly indulge to a large amount, yet never enjoy themselves so fully as to lose their perpendicular in consequence. But where is the proof that the persons belonging to either of these distinguished classes of society furnish the chief share of patients labouring under this renal disease? Has Dr. Christison, after carefully ascertaining the proportion of drunkards to sober persons supplying the inmates of the Edinburgh Infirmary, then compared the amount of renal disease furnished by each, and found the drunkards in a large majority? He dreams of nothing of the kind,—and hence his inference on the subject is, to say the least, utterly valueless in a scientific point of view; more especially as, unfortunately for the moral state of the lower orders of the town population of these islands, there are few among them who would not take rank in one or other of Dr. Christison's divisions. The curious in hypothesis will find much more to gratify their propensity in the volumes before us: but we believe we shall have the sager portion of the profession with us when we affirm that nothing of an accurate kind is known on the subject,—and that so it must remain until it be studied on very different principles from those followed by the ordinary constructors of etiological chapters.

The diagnosis of the disease next claims our attention. On a former occasion we entered very fully into the existing state of knowledge respecting the causes of albuminuria, and showed from the experience of the most eminent observers the extreme error of the notion—unfortunately even still too prevalent—that the mere presence of albumen in the renal secretion announces special disease of the kidneys. We shall now proceed to the examination of another point, namely, whether the amount or persistence of this impregnation is characteristic of this particular disorder, and what other qualities of that fluid may be thus characteristic. But first we must advert to a portion of Dr. Bright's most recent publication intimately connected with this subject. The chief motive of Dr. Bright in favouring the profession with this new communication was "to furnish himself with an opportunity of explaining his views on one important point connected with *the* disease attending albuminous urine, in reference to which he has been singularly misunderstood." The presumed misconception under which Dr. Bright apprehends he has suffered is, that he maintains the occurrence of albuminous urine to be always and necessarily connected with "*that organic disease* which in its various shapes and modifications has been so fully described." The learned writer then proceeds to quote from his previous writings passages showing that he conceived the functional, preceding the organic changes, to be productive in some cases of the morbid condition of the urine in question. For our parts, we never entertained the opinion respecting Dr. Bright's notions which he is here so anxious to disclaim; but we did believe him to suppose that some condition, whether functional or organic, connected with the disease he has described, is the sole cause of albuminous impregnation,—and that he does even still maintain this, appears clearly from the passages just cited. We would point out, too, the curious fact, that in the expression "the disease attending albuminous urine," Dr. Bright appears to make the latter the cause of the former.

In the majority of cases, abundant and persistent impregnation of the urine with albumen is indicative of the presence of Bright's disease; but Dr. Morrison's case, formerly referred to, even if no other of the kind had been met with, would suffice to prove that such abundance is not a pathognomic sign. There are few cases, however, in which, if to such impregnation be joined deficiency of saline constituents and low specific gravity, the observer may not with confidence diagnosticate Bright's disease. Dr. Christison, though in the following brief summary showing how useful the characters of the urine may become in this respect, wisely cautions the practitioner against trusting to these alone, when he has it in his power to obtain additional information from other local and general signs, the secondary affections, &c. It will be perceived that in these propositions Dr. Christison again exhibits the peculiarity of his opinions respecting some points already referred to.

"1. When the disease has continued for a short time with acute symptoms, the characters of the urine—namely, a somewhat reduced density, a diminished amount of daily discharge of solids, and high coagulability—are invariable, and do not occur conjunctly, so far as is yet known, in any other disorder. 2. There is a very common conjunction of characters in the advanced stage, which has seemed to me never to occur in any other malady, namely, great reduction of density, some diminution of quantity, much diminution of the daily discharge of solids, and slight coagulability. 3. Another conjunction, not less characteristic, perhaps, is great reduction of density, slight coagulability, and a great increase in quantity, consequently with little or no diminution of the daily discharge of solids. 4. I have never in any circumstance, except in the advanced stage of granular disorganisation of the kidneys, met with urine about the natural standard in quantity, of the very low density of 1006 or 1008, consequently defective materially in the daily discharge of solids, almost colourless, or cherry-red, or smoke-brown, or orange-yellow, and obscured by opalescent muddiness, which does not disappear under rest or gentle heat—even though not coagulable. 5. Though not absolutely prepared to state the same proposition where the quantity of urine is superabundant, and its other qualities such as those last described, I am inclined to think this condition also characteristic." (p. 56.)

The supervention of anasarca gives great additional certainty to the diagnosis: Dr. Christison supposes that the characters of this anasarca will in themselves sometimes suffice for its establishment. He has not for nine years (the number of cases observed would have been a better criterion of the value of the statement,) met with a single case of inflammatory dropsy where there were not unequivocal signs of the kidneys being diseased: he admits, however, that there may, as before intimated, be some doubt whether this is the fact in cases of dropsy consequent on scarlatina. A character frequently observed in the œdema depending on the renal disease is, that the part does not pit on pressure: Dr. Christison considers this peculiar to it. Again, "all dropsies where the urine is steadily above the healthy standard in point of quantity occur," according to this author, "in connection with granular kidney, except in the instance of dropsy attending the advanced stage of saccharine diabetes." He is also inclined to think, though on this point not prepared to speak with confidence, "that all dropsies where the urine not being above the healthy standard in quantity, is also below 1010 in density, are connected with granular disorganisation of the kidneys, whether the urine be albuminous or not."

In the acute stage of Bright's disease, when the urine is bloody and albuminous, and dropsy has not yet appeared, the case might be mistaken for essential hæmaturia, or that occurring in hemorrhagic purpura, or vice versâ; but in the latter, blood is voided in large quantities and in clots; one of the renal regions is commonly more painful than the other, and the qualities of the urine usually change in the course of twenty-four hours. Of the presumed distinction respecting transmutation into albuminuria, we have already stated the inaccuracy. We can add little to our previous statement of the difficulties attending the distinction of the incipient stage of Bright's disease; if dropsy be present, the case is clearly of the latter description; if this be absent, the diagnosis seems, except under particular circumstances, to be in the present state of knowledge impossible. The passive renal hyperæmia attending diseases of the heart is oftentimes with difficulty distinguished from the renal disorganisation; for although the albuminous urine of the former is generally of healthy specific gravity, and contains the normal amount of solids, yet it is occasionally much less dense than in health. Under the latter circumstances M. Rayer confesses that it is impossible to determine whether the dropsy and albuminuria depend on the cardiac malady alone, or on superadded renal disease. The œdema depending on the morbid states of the heart usually commences with the ankles, and even when advanced is diminished by the horizontal posture: that occurring during the disease of the kidneys frequently exhibits itself first about the face, and is little benefitted by the recumbent posture. On the distinctive marks of encephaloid and tubercle of the kidney M. Rayer has not yet spoken.

A few words may here be appropriately introduced relative to the presumed frequency of the disease. Those who have written most enthusiastically on the subject seem to us to have exaggerated this most remarkably, or at least, beyond all question, to have drawn their inferences from incorrect data. Take for example Dr. Bright, who, in order to ascertain its frequency, "instituted a series of experiments, by taking the patients promiscuously as they lay in the wards, and trying the effects of heat upon the urine of each, and at the same time employing occasionally other reagents." We need only refer the reader to the table given in our former article of the causes of albuminuria, and to what has been said in the foregoing pages, to convince him of the insufficiency of this sign as evidence of the presence of the disease, more especially when, as appears to have been the case with Dr. Bright's experiments, the specific gravity of the urine was not examined. Need we wonder that he found the proportion of persons labouring under the disease he has described "at least one in six, if not in four?" And here is the calculation referred to with commendation by Dr. Christison (Pref., p. 9,)—by Dr. Christison who elsewhere rejects, as an unfair interpretation of his opinions, the notion that albuminuria is pathognomic of the disease.

In a chapter entitled Pathogenesis, wherein M. Solon endeavours to trace the mode of formation of the morbid changes of the kidney, this observer states his belief that Bright's granulations are a product of interstitial exhalation, and not a degeneration. Valentin's conclusion on this point, drawn from the microscopical examination of the kidneys of a child in which the cortical substance was of yellow colour, and the external surface presented spots of ash-gray tint, is of a very different kind. This micrologist found the uriniferous ducts and the substance separating them perfectly normal, and ascertained that the vessels presented no unusual appearance either in respect of their diameter or distribution,—in fact, that the renal tissue possessed its healthy characters. The yellow discoloration appeared produced by a quantity of matter of that colour filling the ducts of the cortical substance, and composed of small granulated patches, of irregular and variable shape, and of yellow roundish globules. The tubuli of the tubular substance contained matter of the same kind, but in much less quantity. From these observations Valentin infers that the disease does not affect the tissue of the kidney, that this is in truth unchanged, and merely the receptacle of urine of modified properties: and hence that the albuminous state of the urine is in reality the cause of the deceptive appearance of disease in the renal tissue, instead of being the effect of renal disorganisation; he further infers that a morbid change of the blood leads to that of the urine. Whatever confidence the name of Valentin may warrant in the accuracy of this description, the reader will not forget that it is derived from a single observation of one form only of the disease, and therefore decidedly requires confirmation. Nor does this confirmation appear likely to be soon obtained—at least the inquiries of Gluge seem to have led to the very different result, that the disease essentially consists in a deranged state of the capillary circulation of the cortical substance, and especially of Malpighi's glands.

Is Bright's disease an inflammatory affection? In commenting formerly upon the term albuminous nephritis, employed by M. Rayer to designate the malady, we admitted the extreme probability that such was the fact, and the details of this author's present volume very distinctly show, as it appears to us, that such is the truth. "There is no disease," observes M. Rayer, "in the course of which the phlogistic diathesis is more distinctly marked, none wherein it manifests itself in a greater variety of situations or under a greater number of forms. . . . In the first stage of the disease, the kidney is red, swollen, and sometimes painful; and, if we are unable to ascertain whether it be hot, we are at least certain that the changes it has undergone are productive of fever." If the inutility of the antiphlogistic treatment during the advanced stages of the disease, and its want of influence over its chronic anatomical forms generally, be urged in objection to this doctrine, we reply with M. Rayer, that such is the character of the consecutive lesions of all inflammatory affections. Will bleeding remove the intestinal ulcerations and indurations of chronic dysentery—the false membranes and puriform effusion of chronic pleurisy? And, because venesection is unavailing for this purpose, shall we expunge dysentery and pleuritis from the list of inflammations? Precisely the same line of argument may be adopted in answer to those who urge that the disease occasionally commences without active signs of inflammatory action. The qualificative "albuminous" cannot, in strictness, be reserved, as already stated, for this special form of inflammation, because simple nephritis is also attended with albuminuria.

With respect to the manner in which albuminous impregnation is produced, we need scarcely say that Valentin's notion is not that generally admitted, and that the majority of writers believe the renal disease to be the cause of that impregnation. But how are the two phenomena connected? If, as M. Solon observes, we suppose that the morbid condition of the tissues causes the serum of the blood to pass by simple transudation into the urinary passages, it may be objected that were this the case, the renal excretion should carry with it the other constituents of the blood also, which is by no means the fact. It contains no fibrine, and may hold colouring matter in suspension only temporarily, or in many cases not at all. Besides, if the serum of the blood escaped in the manner supposed, the liquid portion of the fluid remaining in the circulating system should be proportionally less abundant than natural: now the very contrary is the truth,—its relative quantity is greatly beyond the normal standard. M. Solon considers it more probable that the morbid state of the urine results from imperfect elaboration of the materials upon which the kidney acts in the normal state; in confirmation of this view he cites the presumed fact, that the more complete the disorganisation of the kidneys, the greater the quantity of albumen discharged with the urine; but, as already mentioned, the accuracy of this fact is altogether denied by Dr. Christison. The subject is plainly still open to inquiry.

Again, assuming as a position, which will be readily granted, that the anasarca is in direct dependence on the morbid state of the kidney, it may be enquired what is the mode of connection between them. Sabatier and Martin-Solon seem inclined to believe that it depends on the increased proportion of serum in the blood, and on its greater tenuity, the experiments of Magendie having proved that the facility of exhibition increases with the tenuity of fluids. Dr. Christison fancies that his experiments on the constitution of the blood lend force to this theory. It is, however, completely overturned by two facts thus stated by M. Rayer: "We know for a certainty, on the one hand, that patients affected with albuminous nephritis after scarlatina rapidly become dropsical, before any considerable quantity of albumen has been discharged with the urine; and, on the other, that individuals labouring under the endemic hæmaturia of tropical climates void albumen for years, sometimes during their entire lifetime, without becoming dropsical." (p. 608.)

Dr. Christison devotes twelve pages to the consideration of the prognosis of Bright's disease, examining successively the chance of recovery from the fundamental malady, the probability of relief from the secondary affections, and the particular symptoms which indicate approaching amendment or the contrary. With respect to the first of these points, cases of acute and chronic character must be considered separately. The former appear to be as certainly curable, as the latter, so far as present knowledge permits us to affirm, is beyond the reach of art. The chronic forms of the disease are, sooner or later, in truth, almost invariably fatal,—but the fatal event may be averted to—we are almost justified in saying—an indefinite period, provided anasarca have been completely removed, and the patient carefully avoid all excess of every description and rigorously live according to hygienic rule. With these precautions, a life of very tolerable comfort, with freedom from every direct effect of the disease except albuminuria, may be generally ensured. Respecting the secondary disorders, it is sufficient to say in general terms that they are distinguished for obstinacy, with the exception perhaps of dropsy, which is generally observed to diminish considerably or disappear in patients of the lower orders, who exchange the slavery, privation, and disorder of their ordinary life for the ease, comparative luxury, and regularity of an hospital: to this change, at least, may be attributed much of the good effect produced, much more than the criers-up of the various and often opposing modes of treatment under which it has been observed to occur are likely to be willing to admit. As to the special symptoms announcing amendment, or the contrary, we must be prepared, from what has already been said on the differences of opinion regarding the relation of the modifications of the urine to the stages of the disease, for want of unanimity between the authors. Dr. Christison, of course, considers "the risk to life by no means proportioned to the amount of albumen in the urine, and that the reverse holds true in some measure." Rayer, Martin-Solon, and all those who maintain that the quantity of albumen increases with the advance of disorganisation, must of course hold an opposite persuasion. And it is remarkable, that M. Rayer seems to think that the fact of the urine containing a small proportion of albumen would place the patient "in perfect security," were it not that, under such circumstances, death has been known to occur suddenly from intercurrent affections of the lungs or brain. Dr. Christison, however, qualifies the above statement very considerably in the following observations: "If attended with a moderately high or gradually increasing density of the urine, whether with or without an increase in its quantity, the diminution and disappearance of albumen are favourable signs. But this will, on the contrary, rather indicate a gradual advancement of the disease, if the density of the urine should at the same time slowly decrease, especially where its quantity remains stationary. Diminution of the albumen, with increased quantity and diminished density, cannot be relied on as a prognostic on either side." On the whole, the patient's danger would appear to be in proportion to the lowness of the density of the urine, unless the quantity of daily discharge is considerably above the standard.

Respecting the treatment of the disease in the acute stage, authors are highly unanimous. Antiphlogistic remedies of active character are recommended by all,—and, of course, the most important of these, blood-letting. "When there is no contra-indicating circumstance from age or constitutional infirmity, whether original or acquired, the extent to which bleeding is carried should," according to Dr. Christison, "be regulated, as to extent and repetition, by the same rules which govern its employment in ordinary inflammations." This writer gives a hint of no mean utility, in enjoining careful examination of the blood drawn, more especially in respect of its colouring matter; by the proportion of the latter, he conceives, the degree of advancement of the structural changes in the kidneys may generally be ascertained; and if it should appear from the low proportion of colouring matter that the disease is not in its early, but in some one of its more advanced stages, and hence the acute symptoms are not strictly primary, depletory measures should be pursued with much greater caution than under the contrary circumstances. The invariable accuracy of this mode of ascertaining the amount of progress of the disease may be doubted. Local abstraction of blood by cupping or leeching the renal regions, and the application of large linseed-meal poultices, are recommended by Drs. Bright, Barlow, and Rayer. The warm bath—if used beside the patient's bed—is advised by the same practitioners.

The restoration and maintenance of the cutaneous perspiration is one of the most important points to be attended to in the treatment of this affection, according to the testimony of the majority of those who have written upon it. Hence the value of keeping the patient in an equable and tolerably elevated temperature: so important is this, that we find Dr. Bright, who confines his patients closely to bed during the entire duration even of a protracted treatment, ascribing increase of anasarca to the passage of the cool air allowed to circulate through the wards over the bed-clothes of the patients. The use of flannel clothing is indispensable. Diaphoretics are advised in this stage by the majority of writers, and after the employment of more active remedies are probably useful; but the best diaphoretic treatment is here, as in inflammatory affections generally, the antiphlogistic. Dr. Osborne's views respecting the administration of medicines of the class just referred to, have been too long before the profession to require discussion at our hands.

The notions of Dr. Barlow on this point, though briefly alluded to in one of Dr. Bright's early papers, having for the first time been fully explained in the last number of the Hospital Reports, may be here more fully alluded to. This physician, he informs us, struck with the slowness of recovery of patients treated by the ordinary plan of bleeding, &c., was induced to seek for some more effectual method of removing the disorder. Persuaded of the inflammatory nature of the complaint, he determined upon a trial of tartarised antimony; and the results have, he assures us, as usually happens with the devisers of novelties in therapeutics, fully answered his expectations;—and several cases, which at least prove that recovery will take place under the use of this medicine, are related. Some of these are valuable in a pathological point of view, as further contributing to prove the identity of the renal disease occurring after scarlatina with the affection described by Dr. Bright, and as exhibiting the tractableness of the complaint when really occurring with the character of an acute disorder in adults. But the reader must not imagine that Dr. Barlow confines himself to the exhibition of tartarised antimony in diaphoretic doses,—this appears a mere adjunct in the treatment, and the precise share of the sum of benefit obtained which is to be attributed to it cannot very easily be established. Dr. Barlow "would not merely recommend tartar emetic in the acute form of this disease on account of its diaphoretic properties, but on account of its power of lowering the heart's action, as well as its local effects upon the capillaries when it reaches them through the circulation." If the pulse be hard and full, the medicine may be given in nauseating doses,—if not, smaller doses are sufficient. Whatever share of converts Dr. Barlow shall eventually make to the propriety of his modification of the diaphoretic mode of treatment, it is certain that the latter is far from being held in general estimation. Rayer, whose expectations of benefit from its employment have been "rarely realised," has found that the effects of even the most powerful agent for producing perspiration—the simple or medicated vapour bath—have rarely been maintained beyond a few hours after each bath. Dr. Christison observes: "I have often resorted to the diaphoretic plan, sometimes with evident advantage, *much more generally* without success; and I must likewise add, that I have several times seen general perspiration, both spontaneous and from the use of diaphoretics, fail to produce any material relief." Yet, singularly enough, we are told in the next sentence "that no one can question the general propriety of the diaphoretic *method of cure.*"

The advisability of diuretic medication in this complaint is likewise matter of dispute. Dr. Osborne thinks that, so far from being useful, it may actually produce the disease; Dr. Bright has little confidence in it; Dr. Christison, on the other hand, "has very seldom witnessed decided diminution of the dropsy unless where diuretics [diuresis] or purging was either artificially induced at the same time or arose spontaneously." This practitioner has particular confidence in digitalis and cream of tartar.

We should have felt desirous of examining briefly the peculiarities of treatment required in respect of the diseases termed secondary in this affection, but we find we have exhausted our space.

M. Rayer's volume terminates with an historical sketch, occupying one hundred pages, of the rise and progress of knowledge respecting the remarkable disease which has been under consideration,—or, we should rather say, respecting its detached phenomena. In this most erudite dissertation, the laborious author traces the germ of our acquaintance with the subject in the very earliest writers: first, in regard of the connection of dropsy and disease of the kidneys; secondly, of dropsy and coagulability of the urine. Nothing can be rendered more clear from this survey of the contributions of our progenitors than the great merit of Dr. Bright, and that this principally consists in his having detected the connection between these *three* conditions.

BIBLIOGRAPHICAL NOTICE.

Edwards's Outlines of Anatomy and Physiology.[1]

The value which we have placed on this preliminary treatise to his work on Natural History by Dr. Edwards, is shown by the circumstance that we have urged upon more than one person to translate it into English; and an English version by one of our learned physicians was actually advertised in the Philadelphia prints. It is a valuable compendium for the tyro and for the general reader, and is elucidated by numerous woodcuts.

The translator appears to have executed his office well.

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[1] Outlines of Anatomy and Physiology, translated from the French of H. Milne Edwards, Doctor of Medicine, Professor of Natural History at the Royal College of Henry IV. &c. By J. F. Lane, M. D. 8vo, pp. 312. Boston, 1841.

Jefferson Medical College.—Catalogue of Graduates, Session 1840-41.

Names.	Subjects of Theses.
Henry G. Adams, N. Y.	Phlegmasia Dolens.
John B. Ball, Va.	Intermittent Fever.
William B. Ball, Va.	Tetanus.
Joseph B. Barclay, Pa.	Uterine Hemorrhage.
Wellington Bird, Pa.	Scarlatina.
John C. Boyd, N. Y.	Indigestion.
J. R. Bowdoin, Va.	Typhus.
Joseph S. Beemer, N. J.	Amenorrhœa.
Zephaniah Butt, Pa.	Croup.
Moses B. Beers, Ct.	Science of Medicine.
John M. Clark, N. C.	The Art of Preserving Health.
John A. Chilton, Va.	Menstruation.
Robert W. Christy, Pa.	Tracheitis.
Peter F. Dillard, Va.	Cynanche Trachealis.
Irby Dunklin, S. C.	Acute Rheumatism.
James E. Ellis, Va.	Scarlatina.
George C. Finch, N. Y.	Menstruation.
Richard H. Gambill, Va.	Icterus or Jaundice.
John B. Grayson, Va.	Croup.
J. P. Green, Mass.	Burns.
J. Fletcher Gay Lord, N. C.	Endemic Diseases.
Wesley R. Gearhart, Pa.	Cynanche Trachealis.
Charles A. Harding, Md.	Uterine Hemorrhage.
Charles H. Hedges, N. J.	The Circulation of the Blood.
James W. Hudders, Pa.	The Modus Operandi of Medicines.
A. Alexander Howell, N. J.	Mental Derangement.
Chaplin J. Hays, Md.	Acute and Chronic Rheumatism.
Andrew Hepburn, Pa.	Diseases of the Heart.
William J. Harris, Va.	The Spontaneous Introduction of Air into the Veins.
Frederick W. Isbell, Va.	Poisoned Wounds.
W. Brook Jones, Wash., D. C.	Rheumatism.
William B. Knox, N. C.	Apoplexy.
John Y. Lind, Md.	Acute and Chronic Bronchitis.
James C. Lee, Pa.	Articulation of the Teeth.
J. Stuart Leech, Pa.	Obstetrics, its Particular Claims on the attention of the Student.
William E. Mulhallon, Pa.	Impotentia.
Richard S. Maupin, Va.	The Circulation of the Blood.
James M. A. Muschett, Va.	Typhus Fever.
Thomas M'Farland, Va.	The Pulse.
John M'Creery, Pa.	Position as a Therapeutic Agent.
Benjamin T. Neal, Jr., Pa.	Baths.
Joseph Oyster, Pa.	Pneumonitis.
William J. Smith, Ga.	Erysipelas.
Samuel A. Sterret, Pa.	The Importance of Medical Science.
John Tomlinson, Pa.	Mammary Abscess.
Pierre G. Tourangeau, Quebec.	L'Icterus.
William W. Watson, Pa.	Puerperal Fever.
Hamilton F. Whitney, Pa.	The Gastric Organ.
Myron W. Wilson, N. Y.	The Capillary System.
John G. Wilson, Md.	Acute Pleuritis.
Harrison G. O. Winslow, Mass.	Phthisis Pulmonalis.
Charles O. Waters, N. Y.	Correct Diagnosis.
A. L. Williams, Ct.	Bronchitis.
Henry H. Wheeler, Pa.	The Progress of Cerebral Physiology.
Josiah P. Woods, Va.	Acute Bronchitis.
Allen N. Woolverton, U. C.	Indigestion.

The honorary degree of Doctor of Medicine was conferred on Dr. SAMUEL ANDERSON, of Delaware county, Pa.

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Art. I.—ON THE THERAPEUTICAL PROPERTIES OF THE PHYTOLACCA DECANDRA.

BY ALFRED T. KING, M. D.

The study of natural history, particularly botany, having been for some years the occupation of my leisure moments, my attention has therefore been naturally directed towards the investigation of the medicinal properties of some of our indigenous plants. The following observations are the result of some experiments made since the year 1837, in order to determine the therapeutical properties of the phytolacca decandra. This is an indigenous, dicotyledonous plant, found growing in vast quantities in every part of the United States, from Canada to Georgia, and from the Atlantic to the Pacific ocean. It flourishes along road sides, in newly cleared fields, and near the borders of woods. Although the phytolacca is peculiar to our own land, yet it is said to grow luxuriantly in the north of Europe, and in the south of Africa, where, however, it is supposed to have been introduced from this country.

Agreeably to the Linnæan arrangement, this plant belongs to the class decandria, order decagynia. It has a large perennial root, from five to six inches in diameter, very branched, covered with a brownish cuticle, but whitish, fleshy, and fibrous within. The root ought to be gathered, for medicinal purposes, late in the autumn, or early in the spring ere its vernal shoots begin to expand. Its annual stems often attain an immense height, even twelve or fourteen feet, when growing in a rich and genial soil. The stems are very branched, and the branches assume a reddish hue towards the middle of July. It is at this period that the leaves contain the greatest amount of medicinal activity, and should then be gathered, and carefully dried in the shade. The leaves are oblong, ovate, acute at each end, alternate, and petiolate. Flowers are in simple racemes, small, with ten stamens and ten styles. The corolla consists of five ovate, concave, and inflexed petals, white. This plant belongs to the natural order phytolacca, the medicinal properties of which, according to Lindley, are *emetic*, *cathartic*, and *anti-rheumatic*. Every part of the plant appears to be active, the root, the leaves, and the berries. The root, however, it is generally supposed, possesses the greatest amount of medicinal activity, but I have usually preferred the leaves, if I can obtain them fresh—for they lose much of their virtues by drying—at the period when their stalks are assuming a reddish hue. Speaking of this plant, Professor Lindley makes the following remarks:—"A tincture of the ripe berries of phytolacca decandra seems to have acquired a well-founded reputation as a remedy for chronic and syphilitic rheumatism; and for allaying syphiloid pains. By some it is said to be more valuable than guaiacum. Its pulverised root is an emetic. And a spirit distilled from the berries is stated to have killed a dog in a few minutes by its violent emetic effects." According to Decandolle, this plant is also a violent purgative. The young shoots in this country are frequently eaten as asparagus. In the form of an unguent, prepared from an extract of the root, I have found it more efficacious in obstinate cutaneous affections than any other remedy except the *sanguinaria canadensis.* But in hemorrhoids its effects have been, according to my experience, the most remarkable and striking. Indeed, over this disease it appears to have a peculiar and specific action.

The term hemorrhoids comprehends various tumours which grow from the verge of the anus, and whose constitution and characters differ so widely that surgeons usually divide them into three distinct varieties or species, viz. *internal*, *external*, and *venous hemorrhoids.* The two former varieties admit of radical cure by excision, but in the treatment of the latter our best surgeons rely upon palliatives only; neither puncture, which has been advised, nor excision, either by the ligature or the knife, is at present deemed expedient. Professor Syme, in reference to the treatment of venous hemorrhoids, says: "The tendency of the venous tissue to resist irritation forbids any operation, and excision, as well as puncture, which have been recommended, should both be carefully avoided, lest they excite inflammation of the enlarged vessels, and give it the unmanageable character which distinguishes it when of traumatic origin." As this variety depends upon a varicose enlargement of the hemorrhoidal veins, they are liable to the same kind of sub-acute inflammation to which the varicose *vena saphena* is subject; and this inflammation may go on to suppuration, and thus lay the foundation for *fistula in ano.* To be able to obviate so deplorable a state of things has long been considered a desideratum, and I think that he who will examine unprejudicedly and impartially the virtues of the phytolacca decandra, will be satisfied that we possess in it all that we could desire. But, in order to demonstrate its effects in this painful disease, I will give a brief extract of a few cases from my note-book:—

Case 1.—Saw B. H. in the summer of 1837, while labouring under a severe attack of hemorrhoids. He told me that he had suffered, with occasional intervals of immunity, for near five years. The tumours often bled, which always gave him temporary relief. Had used all the ordinary remedies in vain. The bowels having been opened by an aperient, I determined to try the effects of phytolacca decandra; accordingly, I procured a handful of the green leaves, had a strong infusion made by pouring a pint of boiling water upon them and allowing the whole to stand one hour near a warm fire, and directed him to take one tablespoonful every two hours, to keep himself quiet, and as much as possible in a recumbent posture. He followed my directions strictly, and was rewarded, in less than a week, with a perfect and permanent cure.

Case 2.—Mrs. N., aged about 37, had suffered much agonising pain for six or seven years. The tumours never appeared externally except by an expulsive effort, when they were protruded and always bled. Took the infusion as above directed, and was perfectly cured. A short time afterwards she moved into Ohio, and I have not heard from her since. Presume, however, I would have heard from her if she had had a return of the disease.

Case 3.—Sheriff of this county had been afflicted for twenty years with hemorrhoids. Was relieved by the phytolacca, but died a short time afterwards of phthisis pulmonalis.

Case 4—Was a remarkable one, and I shall therefore describe it more at length. M. W., aged about 45, of lymphatic temperament, a countenance peculiarly anxious, exanguious and cadaverous. Had suffered almost constantly with hemorrhoids for *fifteen years.* The tumours often bled, indeed they acted almost as a constant drain to his system, and caused his countenance to assume an aspect not unlike that of a walking ghost. Had suddenly an aggravated attack, which caused me to be sent for in haste. On my arrival I found him in great agony, and on examination I found the rectum almost filled with several large hemorrhoidal tumours; they had protruded beyond the sphincter, which had so contracted upon them that the introduction of the index finger was found entirely impracticable. They were of an irregularly round form, and of a florid colour. His agony was such that he declared to me that he must die if he did not soon obtain relief. The condition of this poor man to a philanthropic mind was truly pitiful, for he could place himself in no position in which he could find ease. His pulse was active, and he had considerable thirst. I immediately bled him to ℥xvj, and exhibited a gentle aperient, followed by an anodyne, which gave him much temporary relief. Next morning I again visited him. He had reposed very tranquilly during the night, but the pain soon returned in the morning. I brought with me a handful of the fresh leaves of phytolacca decandra, had a strong infusion made of them, and directed ℥iv to be thrown up the rectum by means of a syringe, and one tablespoonful to be taken every two or three hours. In consequence of the size of the tumours, and the great irritability of the part, the injection was found to be quite impracticable. The internal use of it, however, was persevered in, and occasionally a wet leaf was applied to the external parts of the tumours. In a few hours he found sensible relief, and the tumours began to diminish. I called in the evening, and discovered that the medicine had disagreed with his stomach. A second attempt was now made to use the injection, which succeeded without much difficulty. The intervals between the doses were prolonged, which obviated its nauseating effect. In forty-eight hours after he commenced the use of the infusion he had perfect relief from pain, and his bowels were freely acted upon; and on the third day there was not a vestige of the disease, nor has there been a symptom of it since, now three years.

Many other cases of a similar though less remarkable character might be adduced; but I presume enough has been said to demonstrate, to the most incredulous mind, the great potency and unparalleled efficacy of phytolacca decandra, not only in hemorrhoidal affections, in which I have most used it, but also in many other diseases to which frail humanity is incident.

Alfred T. King.

Art. II.—CASE OF SUDDEN DEATH DURING PARTURITION. NECROSCOPY TWELVE HOURS AFTERWARDS.

BY ALFRED T. KING, M. D.

Mrs. L., coloured woman, aged about 40 years, received some injury, the cause of which she would not disclose, while about four months pregnant with her fourteenth child. Complained of a dull pain in her left side, extending across to the right. Venesection and other appropriate remedies were made use of by Dr. Postlethwaite, by which she was entirely relieved. A short time previous to her accouchement the same gentleman was again requested to visit her. She had at this time some uneasiness which simulated labour pains, but upon examination *per vaginam,* the *os tincæ* was found undilated. This examination discovered a pendulous tumour of considerable magnitude, which almost filled the vagina, and protruded some distance beyond the *os externum.* It was soft and yielding, admitting of the easy introduction of the hand under it, up to the *os tincæ.* This tumour had been noticed during the accouchement of her last five or six children, but in the intervals no attention was paid to it. It had never interfered with the extrusion of the fœtus, all of her children having been born by natural throes without manual assistance. There being at this time no natural labour, a small quantity of blood was abstracted, and an anodyne pill exhibited, which produced quiescence for the time, and she went about near two weeks longer, until July 20. In the morning of this day she had some pains, but the *os uteri* was undilated. In the evening pains still continued so weak and irregular, that Dr. P. deemed it expedient to exhibit an anodyne and leave her until the next day. This had a happy and tranquillising effect, and in the morning, July 21, labour came on in good earnest. This morning I was requested by Dr. Postlethwaite to visit her. On examination *per vaginam* I found the tumour as above described, and about the size of a pint cup. The *os tincæ* was dilated to near the size of a dollar, and the labour was fast approaching. I was satisfied that the tumour could not interfere with the expulsion of the fœtus. Being obliged to ride immediately into the country, I did not, therefore, see the patient afterwards. Labour, however, rapidly progressed, the membranes broke, and the head of the child advanced, with the vertex presenting. Every thing was calculated to inspire confidence, both on the part of the accoucheur and the patient, in a speedy and safe delivery. At length a pretty strong pain seized her, after which she rose to her feet, walked several times across the floor, apparently in good health and spirits, and even refusing to be assisted, she kneeled upon the floor. Presently another strong uterine effort seized her, which caused her to cry out, "O, doctor, do assist me," and was immediately observed to sink, supposed to be in a swoon. As soon as possible she was raised from her knees and placed upon the bed, when a few convulsive respirations closed the scene. She died without a struggle. In this case what was the cause of death? It was sudden and unexpected, the patient appearing strong and in good spirits *one minute* before her dissolution. I suspected a rupture of the uterus.

Necroscopia.—Twelve hours *post mortem* Dr. Postlethwaite and myself proceeded to an examination in the presence of the husband of the patient. An incision was made in the usual manner through the *linea alba*, which immediately exposed the gravid uterus *in situ*, with the fœtus *in utero*. There was no rupture of this organ, but it presented a very dark and contused aspect. An incision was made into it, and the fœtus extracted; it was a large and healthy female child. During the whole of this examination, the only curiosity that the husband manifested was to know the sex of the child, and when this was announced, he was perfectly satisfied. He appeared to me like a case-hardened wretch, without feeling, without humanity. The placenta was easily detached. We now examined the tumour, which we found, as before suspected, to be a polypus. It was attached to the cervix, within the *os uteri*, by a membranous pedicle; the lower part of it seemed firm, and, when cut into, presented a cartilaginous aspect. The bulk of the polypus was, as above mentioned, during labour, about the size of a pint cup, and weighed after death near *one pound and a half.* It is now in my collection, preserved in spirit. The kidneys, with their ureters, the bladder, spleen, pancreas, ovaria, &c., were found in a normal state. Our attention, however, was arrested by the injected and yellow appearance of the great omentum and peritoneum covering the intestines on the right side. About four or five quarts of black venous blood were found in the cavity of the abdomen, and upon carefully raising the liver, we observed a complete detachment of its peritoneal coat, over about two thirds of its upper surface, with a deep rent into its substance of from five to seven inches in extent, involving several of the principal branches of the *vena porta*, and probably the hepatic artery,—the latter we were unable to determine, in consequence of being hurried, and obliged to desist from further examination by the undertakers. *Two thirds*, at least, of this viscus, were literally *gangrenous or rotten*, and so completely dissolved in continuity as to be easily torn, and even wiped away with the fingers, thus closely resembling *ramollissement du cerveau.* Could this state of the viscus be produced without being preceded by inflammation? And if inflammation did exist, should we not expect to find some of its more usual effects, such as effusion of lymph, or thickening, or adhesions, none of which were observable? The primary cause of the state of the liver which I have just described is to me unknown, but one might imagine it to be produced by a blow inflicted by the arm of a strong man; and to say the least of it, this may be considered a well-founded suspicion.

Alfred T. King.

BIBLIOGRAPHICAL NOTICES.

Annual Reports of Hospitals.

We have received from our friend, Professor J. B. Beck, of the College of Physicians and Surgeons of New York, the "State of the New York Hospital and Bloomingdale Asylum, for the year 1840," and the "Annual Report of the Board of Trustees of the New York Dispensary;" from which it appears that these extensive and valuable charities are shedding their blessings on numerous unfortunate sufferers. The New York Hospital does not, however, seem to be capable of admitting as many patients as our own excellent establishment at Blockley, nineteen hundred and seventy having received the benefits of the former in the course of the year, which is below the number admitted last year into the Philadelphia Hospital. In the Bloomingdale Asylum for the Insane, two hundred and thirty-nine persons were under treatment during the year 1840, of which number there were cured, 60; discharged much improved, 25; discharged at the request of friends, 8; eloped from the premises, 1; died, 14; remaining in the asylum, Dec. 31, 1840, 131.

By Dr. Awl, the superintendent, we have been favoured with the Second Annual Report of the Directors and Superintendant of the Ohio Lunatic Asylum, presented to the general assembly, Dec. 20, 1840.

This institution is proceeding onwards in a career of signal usefulness. The whole number of patients admitted was two hundred and fifty-eight,—170 being old cases, and 88 of less duration than one year,—201 of these were paupers, and 57 pay patients; the per centage of recoveries on all the cases discharged being 66.66; on all the old cases discharged, 41.17; and on all the recent cases discharged, 85.50.

The report contains some interesting tables and observations by Dr. Awl.

Dr. Luther V. Bell, the able physician and superintendent of the M'Lean Asylum for the Insane, near Boston, has obliged us with the Annual Report of the Board of Trustees of the Massachusetts General Hospital, for the year 1840.

362 patients were received during the year 1840, of whom 144 were cured, 96 much relieved, 41 relieved, 43 not relieved, and 22 died.

The committee remark, that the condition of the M'Lean Asylum for the

Insane has fully maintained its former excellent reputation; "The beneficial results of the mode of treatment, under the direction of Dr. Bell, are continually adding proof to the correctness of that mode, based as it is on kindness and sympathy to that most pitiable object in this world, the lunatic."

The entire number of insane patients under the care of the asylum during the year 1840 was 263.

Dr. Bell makes the gratifying remark, "That the records of the asylum justify the declaration that *all cases certainly recent*, that is, whose origin does not, either directly or obscurely, run back more than a year, recover under a fair trial. This is the general law, the occasional instances to the contrary are the exceptions."

On the interesting and important subject of the abolition of all personal restraint in the treatment of the insane, Dr. Bell thus expresses himself, from personal observation at home and abroad:

"An absence in the early part of the year of about four months in search of health, under permission of your board—a permission granted in a manner and accompanied with circumstances calling for his grateful acknowledgments—gave your superintendent some opportunity to observe and compare, and if occasion had offered, to improve, by the long established and extensive insane institutions of the old world. While surprised and gratified at the extent and magnificence of many of these establishments, there seemed little or nothing in architectural arrangements, or in modes of moral or medical treatment of value, which has not long since been transplanted to or discovered in the American institutions. The only noticeable peculiarity worth communicating would seem to be, the experiment commenced recently in some of the British hospitals, of an entire disuse, as they consider it, of corporeal restraints. At the Lincoln Lunatic Asylum, it is said in the report of the Middlesex Asylum at Hanwell for 1839, that the last personal restraint occurred in January, 1837, and at the last mentioned institution, restraining apparatus has been thrown aside since the latter part of September, 1839. I consider one of the greatest pleasures of my visit to Europe to have been the privilege of spending the greater portion of a day at Hanwell, and the opportunity of conversing freely on this as well as other subjects relating to the insane with Dr. Conolly, the head of this extensive establishment, whose reputation as a medical philosopher and writer on mental alienation is no less recognised on this side of the Atlantic than at home, and whose urbanity and attention to a stranger, with no claims beyond a community of interests and pursuit, I cannot but gratefully recall. As any thing like improvement in the present system introduced elsewhere must soon attract attention here, and as the idea of absolutely discarding personal restraint has something so attractive in its very mention, I have been induced to bestow considerable reflection upon the expediency of adopting such a universal rule at this asylum. Thus far, at these two great institutions referred to, the former with about one hundred and fifty, and the latter with over eight hundred patients, the experiment has been found so successful as to be persevered in; whether adopted beyond these hospitals or not I have no means of ascertaining. It is certain, however, that the attempt has been much noticed and applauded in England, and of course will soon have its praises transferred to every portion of our land.

"As regards Great Britain, the encomiums bestowed upon this innovation may be all deserved;—in a country where at this moment *a chain* to each bed of at least one long dormitory may be seen at the extensive metropolitan hospital of St. Luke, such a discovery as puts an end to such barbarity may well excite applause; or at the Lincoln Asylum, where the number of patients under restraint were 39 of an entire number of 72, in 1830; 54 of 92, in 1831; 40 of 70, in 1832; 55 of 81, in 1833; 44 of 87, 1834; and so on, the change must be most gratifying to every humane heart.

"Dr. Conolly, in 'the Fifty-first Report of the Visiting Justices of the County Lunatic Asylum at Hanwell,' for the year 1830, (page 47,) remarks as follows: 'For patients who take off or destroy their clothes, strong dresses are provided, *secured round the waist by a leathern belt, fastened by a small lock.* For some who destroy the collar and cuffs of their dresses with their teeth, a leathern binding to those parts of the dress is found convenient. *Varied contrivances* are adopted with variable results *for keeping clothing on* those who would otherwise expose themselves to cold at night; and warm boots, *fastened round the ankles by a small lock* instead of a button or buckle, are sometimes the means of protecting the feet of those *who will not lie down.* * * * * *Those who are in the habit of striking suddenly, tearing the bed-clothes, &c.*, sometimes wear a dress of which the sleeves terminate in a *stuffed glove, without a division for the thumb and fingers.* But no form of strait-waistcoat, no hand-straps, no leg-locks, nor any contrivance confining the trunk or limbs or any of the muscles is now in use. The coercion-chairs, about forty in number, have been altogether removed from the wards; no chair of this kind has been used for the purpose of restraint since the middle of August.'

"Any gentleman familiar with the management of this, or, I believe, any other of the New England institutions from their origin, will at once declare, if this is all that is meant by an absolute disuse of restraining means—if the application of leathern mittens, waist-straps, varied contrivances for keeping on clothing, boots with locks, &c., are considered such mild and trifling measures as not to be included under the phrase of *personal restraint*, that this innovation or experiment or improvement can never be introduced here, for the best of all reasons, that the application of the severe measures reported as discarded at Hanwell never was heard of in our asylums, and but a few even of the measures deemed so insignificant as to form no exception have ever been found necessary here. If this is all that is intended in the new system, our experience for years may encourage them to go on fearlessly.

"An amount of restraint less than is intimated in these exceptions, has long proved adequate in this institution; the necessity, for example, of restraining apparatus for keeping the patient covered at night, is here obviated by the admission of heated air to the sleeping apartment when necessary. For some years the average number of patients under the restraint of leathern mittens has not exceeded one per cent, and often week after week elapses without even a single instance.

"I have no doubt that this rare use might with safety be carried to a still greater extent—to that of absolute interdiction; but how far it may be dispensed with, or how far the best good of the sufferer demands its application, is a question of judgment to be decided in view of all the circumstances of each case. An important rule is, that no restraint, even of the slightest kind, should ever be applied or removed except under the direction of an officer. This rule has always been incorporated in our code of domestic regulations. But to lay down the broad absolute rule of disusing all the mild forms of restraint, would not comport with the best good of an institution. I do not doubt that, with the number of active and trusty assistants we now have, it might be practicable to pursue such a system, perhaps without any results of consequence to be regretted. Yet its adoption would be cutting off the power of employing a remedial means often of great value to the patient. A portion of the feeling in England as to restraining measures is based on a delusion. Which is the greater restraint, to shut up a patient disposed to strike upon any sudden impulse in his solitary dormitory, having its light admitted just below the ceiling, or to place large leathern mittens on his hands, and permit him to go into a large court-yard and to walk up and down in the open air? The seclusion within a room is not considered *personal restraint* in the reports referred to.

"Or which is least oppressive to a patient disposed to certain troublesome habits, as abrading the skin of the face by perpetual picking, or plucking out the hair root after root—habits become from neglect so inveterate and involuntary, that even while the physician is dissuading or promising restraint, his hand unconsciously returns to its wonted act—to place the hands in a muff of leather, at once simple, free from pain, and effective, or to trust to the vigilance or the eventually annoying and irritating remindings or restraints of an assistant? Who can doubt as to the comparative advantage of personal restraint from the hands of attendants or of apparatus, in those cases of delirium-like fury, where the sufferer is constantly endeavouring to rise from his bed, and where the presence of faces around him is associated in his blind frenzy with enemies to be contended with, regardless of their numbers. The mind may be in that state where the most soothing attentions are met only with fury and suspicion. How valuable in such a case is the beautiful and simple apparatus, constructed, I believe, by my distinguished predecessor, Dr. Wyman, which holds the sufferer gently in his position on his bed, allowing him almost every natural and proper movement, yet prevents his wearing himself out by constant efforts to rise, and allows every person to leave his immediate apartment, (for his disordered fancy makes cruel enemies of all,) with a certainty that he is safe and comfortable.

"Again, in some highly active forms of the suicidal propensity, where no human vigilance can prevent the consummation of the dreadful act, except, accompanied by the ceaseless application of the force of several persons, a proper restraining means, such as the leathern muff, at once allays the violence of the propensity, by showing the patient that he need not be on the watch to elude his attendants, and that attempts are vain to accomplish his design by force. The best proof of the value of the occasional use of this and other means of vigilance, is manifested in the extraordinary fact, that of the more than six hundred and fifty patients admitted within the last five years, amounting to more than one third of all the inmates during the twenty-three years of the existence of this institution, a single individual only has committed suicide! I cannot here forbear to refer to this remarkable result, as one redounding to the honour of the male and female supervisors, and entitling them in the highest degree to the obligations of the community; for to them necessarily appertains to a great extent the merit of a prompt detection, often no easy matter, and a successful prevention of this sad accident. This result will be duly appreciated when it is considered that the number of those evincing this propensity has sometimes amounted to a dozen, and I have never known the period when no instance existed. I recall also from memory no less than three instances, within as many years, where patients have returned home upon partial convalescence, or from other motives, and resorted almost immediately to the fatal act successfully, although the friends and relatives were forewarned to exert their utmost vigilance by our experience."—p. 19.

Another annual revolution has brought us the Eighth Annual Report of the Trustees of the State Lunatic Asylum, at Worcester, Massachusetts.

The zeal and ability with which the previous reports were drawn up by the superintendent, Dr. Woodward, have always rendered us anxious to receive their successors. It has been a matter of anxious solicitude with us to obtain the means of placing Pennsylvania alongside her sister state of Massachusetts, by having an extensive establishment for the insane poor, and thanks to the legislature and the governor, and to the philanthropic and zealous endeavours of estimable private individuals, of whom Mr. Isaac Collins, of Philadelphia, is one of the most prominent, the state is about to take part in the useful career. The bill—as we remarked in a former number—is now a law, and the appointment of the proper officers by Governor Porter is alone required to commence the good work.

Three hundred and ninety-one patients were in the hospital in the course of the year; 190 of whom were males, and 201 females.

The following remarks, appended to the 13th table "showing the comparative curability of insanity, treated at different periods of disease," are worthy of being cited:

> "From this table we learn that *four hundred and ninety-three* patients have been admitted into the hospital, whose insanity had existed less than *one* year; of these, *two hundred and forty-seven* are males, and *two hundred and forty-six* are females; *four hundred and thirty-eight* of these recovered, and *fifty-five* failed to recover; *twenty-two* died, leaving of those living only *thirty-three* that failed to recover; and making the recoveries, exclusive of the deaths, more than *ninety-five* per cent. This supposes, however, that the *twenty-eight* recent cases now in the hospital will all recover; this will not probably prove true, as some may die, and a few may fail to get well; this may diminish the per cent. *one* or *two*, but can hardly fail to leave it above *ninety*.
>
> "Many of the individuals of this class, not recovered, were removed by their friends prematurely, when the prospect of recovery was encouraging. There remain now not exceeding *four* cases that came into the hospital before insanity had existed *one* year, and but *two* that are certainly incurable.
>
> "There have been in the hospital *one hundred and ninety-two* cases that have been insane from *one* to *two* years, of which *one hundred and eleven* have recovered, and *eighty-one* have failed to recover or have died. The recoveries of this class have been *fifty-eight* per cent., and, exclusive of deaths, about *sixty-two* per cent.
>
> "*One hundred and ninety* patients have been in the hospital whose insanity had existed from *two* to *five* years; of whom *sixty-five* have recovered, and *one hundred and twenty-five* have failed to recover, are considered incurable, or have died. The recoveries of this class are *thirty-four* per cent.
>
> *One hundred and thirty-six* patients have been in the hospital the duration of insanity with whom has been from *five* to *ten* years; of these *sixteen* have recovered, and *one hundred and nineteen* have failed to recover, are considered incurable, or have died. The recoveries of this class are about *eleven and three fourths* per cent.
>
> "*One hundred and forty-two* patients have been in the hospital who have been insane more than *ten* years, of whom *seven* only have recovered, which is less than *five* per cent."

Dr. Woodward has continued his inquiries on the influence of the moon on the insane. His former researches were published in the last volume of the "Intelligencer." The following are his additional observations:

> "We have continued to record facts on the subject of lunar influence, and are able to present a list of *five hundred and thirty-two* paroxysms of insanity as occurring in *sixty-six* periodical cases, in which there were from *two* to *twelve* paroxysms each in the course of the year. We present the following results:
>
> "On the *eighth* day of the moon, which is the *first* day of the *second* quarter, there have occurred the greatest number of paroxysms of any *one* day, viz. *thirty-one*.
>
> "On the *second* day of the moon, which is the *second* day of the *first*

quarter, there occurred *twenty-eight* paroxysms; which is the second greatest number that occurred on *one* day.

"On the *seventh* day of the moon, which is the *last* day of the *first* quarter; and on the *twenty-fourth* day of the moon, which is the *third* day of the *last* quarter, an equal number of paroxysms occurred, which was *twenty-six;* and these make the *third* and *fourth* days in point of numbers.

"On the *fourth* day of the moon, which is the *fourth* day of the *first* quarter, and on the *seventeenth* day of the moon, which is the *third* day of the *third* quarter, *twenty-three* paroxysms occurred, which are the *fifth* and *sixth* in point of numbers.

"It is worthy of remark, that the same days, to the number of *six*, which had the precedence of numbers last year, have the greatest number this year, and that there is no change in the order in which the number of paroxysms appeared. It is also true, that the day on which the fewest number of paroxysms occurred the former years, was the day on which the fewest occurred the last year.

"The greatest number of deaths occurring on any *one* day, took place on the *thirteenth* day of the moon, which is the *sixth* day of the *second* quarter, viz. *seven.*

"On the *second* and *third* days of the moon, and on the *twentieth* and *twenty-first* days, which are the last *two* days of the *third* quarter, and on the *twenty-fifth* day, which is the fourth day of the *last* quarter, an equal number of deaths occurred, viz. *six.*

"On the *sixth* day of the moon, which is the *last* day but *one* of the *first* quarter; on the *sixteenth* day, which is the *second* day of the *third* quarter; and on the *twenty-fourth* day, which is the *third* day of the *last* quarter, an equal number of deaths occurred, viz. *five.*

"*Four* deaths occurred on the *fifth*, *seventh*, *ninth*, and *twenty-eighth* days of the moon. The *six* days on which have, heretofore, occurred the greatest number of deaths, have the greatest number this year; and the *three* days which have had no deaths occur upon them heretofore, have none this past year.

"Having carefully noted these facts as matters of curiosity, if not of importance, we leave the table with its remarkable coincidences, believing that no conclusions can be derived from it, showing the correctness of popular opinion with respect to the moon's influence in producing the periods of excitement with the insane."—p. 64.

From our zealous and benevolent friend, Dr. W. B. Diver, of Macao, we have received the Hospital Reports of the Medical Missionary Society in China, for the year 1839. It is gratifying to observe the beneficial results that are flowing to the Chinese from the combined skill of American and British practitioners.

From the 1st of July to the 15th of August, 167 patients, we are told, were received into Dr. Parker's hospital at Macao. Into the ophthalmic hospital 800 persons were admitted during the year 1839, and since the commencement of the institution in November, 1835, 7000 persons have received the benefits of the charity. The moral and physical advantages of such an institution are incalculable.

MISCELLANEOUS NOTICES.

Transylvania University, Medical Department.—The annual announcement gives the names of two hundred and fifty-four students: of whom there were from Kentcky 132; Tennessee 37; Alabama 27; South Carolina 16;

Indiana 7; Missouri 6; Virginia 6; Mississippi 6; Georgia 4; Illinois 4; Ohio 2; New York 2; Pennsylvania 1; North Carolina 1; Louisiana 1; Maryland 1; Wisconsin 1; and the number of graduates of 1841 was 64.

Jefferson Medical College of Philadelphia.—The annual catalogue contains the names of one hundred and sixty-three students: of whom there were from Maine 4; Massachusetts 3; New Hampshire 3; Connecticut 3; New York 6; New Jersey 14; Pennsylvania 59; Delaware 4; Maryland 6; District of Columbia 1; Virginia 26; North Carolina 3; South Carolina 2; Georgia 3; Florida 1; Alabama 1; Missouri 1; Ohio 11; Louisiana 1; Michigan 2; Lower Canada 1; Upper Canada 1; Nova Scotia 3; West Indies 1; Ireland 1.

University of the State of New York—College of Physicians and Surgeons.—The annual catalogue has the names of 101 students, and of 19 graduates,—session 1840-41.

Medical Statistics.—Dr. M'Ruer, of Bangor, Maine, has written a circular to all health officers, requesting information in regard to the population and mortality of different places for the years 1830 to 1839 inclusive, with the diseases of which the persons died. We trust that an early and careful attention will be paid to the request of Dr. M'Ruer.

Case of Dangerous Uterine Hemorrhage, in which Transfusion was successfully employed, with some observations on the more frequent expediency of that operation. By Richard Oliver, M. D., Carlisle.[1]—On the 26th of June, 1837, I was called to attend the wife of John Cook, a weaver, living at Eden Place, about a mile from my house. She had been attended by a midwife, and had given birth to a child at its full time in the course of the previous night. The patient was about forty-two years of age, and this was her seventh child. I found her at six A. M. in an exceedingly exhausted condition. Blanched by a profuse hemorrhage, which no adequate means had been employed to suppress, but which had now ceased, she was lying on her back in a state of imperfect consciousness, with the pulse at the wrist barely perceptible, now and then moaning lowly, and casting about her arms. About half a glass of rum with a little water was immediately given to her, and this, with a few spoonfuls of beef tea, was repeated two or three times at intervals of about twenty or twenty-five minutes. After each dose she appeared to be a little refreshed, but upon the whole the symptoms of collapse were gaining ground. About half past seven o'clock brandy was substituted for the rum, and the dose was increased to an ounce and a half, with the addition of a drachm of aromatic spirit of ammonia and a few drops of tincture of opium to every second or third portion. The same deceitful promises of reaction were succeeded by the same progressive indications of sinking, until at length, about one P. M., she became quite unable to swallow. The pulse at the wrist and in the carotids had not been perceptible for more than two hours and a half, and the coma was now complete. Under these very unpropitious circumstances I determined on transfusion, with little hope of success, and with no small compunction for having thus afforded the operation so little fair play. At half past one, P. M., I was provided with the apparatus necessary for performing it; and having obtained a willing supply of blood from three of the patient's kind-hearted neighbours, I opened a vein at the bend of her arm, and with the assistance of two of my professional friends, Mr. Bowman, surgeon of this place, and Dr. Henry Lonsdale, now Demonstrator of Anatomy in Queen's College, Edinburgh, I proceeded cautiously and steadily to introduce it.

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[1] Edinburgh Medical and Surgical Journal, Oct. 1840, No. 145; and Brit. and For. Med. Rev., Jan. 1841, p. 260.

I had first taken care to see that the instrument was in proper order, and particularly that I should have the syringe and its tubes free from air. After one or two gentle strokes with the piston, made with a view to ascertain this point, I found that the cup attached to the apparatus was so small that it could not be safely used. Unless the piston was elevated very slowly, and the blood was supplied very steadily to the cup, there was great risk of introducing air into the cylinder. But finding that, by taking a common basin to receive the blood, and by drawing it up thence through the bottom of the syringe, I could obviate this danger, I laid the cup aside altogether. With this simple arrangement I passed syringeful after syringeful into her exhausted veins, pausing from time to time to mark the effects, and anxiously watching for some glimmering promise of the return of energy to her heart. On a moderate computation we had already transfused twelve ounces of blood, and she still lay pulseless and perfectly insensible. The respiration, however, although faint and low, was distinct and regular; so that, however small the amount of blood in her system might be, there was still some undergoing aeration in the lungs; and in gradually augmenting its quantity, we might possibly contribute to raise her vital powers, by enabling a larger portion of it to reach the nervous centres. We could not discern the heart's pulsations, but we might be quite certain that it did beat, and that the general circulation, although thus imperceptible, was still actually carried on. We had yet obtained no assurance of improvement, but it was pretty evident that, by proceeding cautiously, we neither had done nor could do any harm. Without this expedient the poor woman's death was inevitable, and but too probable we then thought even with it; so, disregarding the cautions given upon this point, we determined to go on. Steadily and slowly the blood was introduced as before, until at length we imagined that the pulse became faintly perceptible in the arm; and, slight as it was, this intimation of the heart's increased power gave us no small encouragement. After persevering for a few minutes longer, we had the very perfect gratification of witnessing not only the complete restoration of the circulating power, but the return of consciousness, and of the ability to speak. It is unnecessary to advert to the subsequent details of the treatment and of the recovery, farther than to mention that she went on very favourably, and in a few weeks was moving about in her family as usual. She remained for some time longer rather weak and delicate, but beyond an occasional slight headach, and a tendency to constipation and flatulence, she suffered from none of the more prominent and distressing symptoms which ordinarily ensue after serious losses of blood, and she has long been, and still remains, in very good health. With respect to the quantity of blood introduced in this case, I am not able to speak with absolute accuracy; but I feel quite certain that I am below the mark in mentioning twenty-two ounces. From each of the individuals who supplied the blood we took at least an average of twelve ounces; and although we did not attempt to measure the amount of it, I am perfectly satisfied that, at all events, not more than one third of the whole was lost by coagulation, and by being thrown upon the ground in adjusting and preparing the instrument.

Observations on the Diagnosis and Pathology of Fractures of the Neck of the Femur. By Robert William Smith, A. M., M. R. I. A.[1]—[This is a very valuable memoir, well deserving attentive perusal. We regret that we can only find room for the tabular view of the cases (each of which is detailed in the paper and illustrated by a woodcut), and the conclusions deduced therefrom by the author.]

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[1] Dublin Journal of Medical Science, Sept. 1840; and Brit. and For. Med. Rev., Jan. 1841, p. 262.

No.	Name.	Age.	Shortening.	Position of the Foot.	Period of survival after the receipt of the injury.
Intracapsular Fractures of the Neck of the Femur.					
1	Laurence Maguire .	40	½ inch	Eversion	14 days
2	William Collins . .	36	¾ ,,	,,	17 ,,
3	Thomas Maguire . .	84	½ ,,	,,	14 ,,
4	Dorah Campbell . .	75	1 ,,	,,	2 months.
5	Mary Gill	80	½ ,,	,,	Not known.
6	Esther Christie . .	60	1½ ,,	,,	,, ,,
7	Mary Lamb	80	¾ ,,	,,	1 year.
8	Margaret Bourke . .	90	½ ,,	,,	14 days.
9	Margaret Myler . .	78	¼ ,,	,,	2 months.
10	A female	65	1 ,,	,,	Not known.
11	Patrick Doolan . . .	60	2 ,,	,,	7 years.
12	Michael Curry . . .	40	1¼ ,,	,,	1 month.
13	Matthew Reilly . .	46	½ ,,	,,	4 months.
14	A female	55	1 ,,	,,	Not known.
15	Sarah Ashton . . .	65	1¼ ,,	,,	9 years.
16	Elizabeth Casey . .	50	¾ ,,	Inversion	Not known.
17	Robert Robinson . .	50	2 ,,	Eversion	Several years.
18	Ellen Walker . . .	70	½ ,,	,,	7 days.
19	Laurence Reilly . .	56	2 ,,	,,	Several years.
20	Joseph Seaton . . .	90	1¼ ,,	,,	7 years.
21	A female	65	2½ ,,	,,	Several years.
22	Thomas Connolly . .	50	¾ ,,	,,	10 days.
23	Bridget Misset . . .	72	1 ,,	,,	10 weeks.
Extracapsular Fracture of the Neck of the Femur.					
24	Patrick Murphey . .	80	2 inch	Inversion	14 days.
25	Alicia Harris . . .	70	1½ ,,	Eversion	5 ,,
26	James Stanford . .	67	2 ,,	,,	8 ,,
27	A. B., a man . . .	50	2 ,,	,,	14 ,,
28	Mary Kelley . . .	56	1¼ ,,	,,	11 ,,
29	Ellen Bryan	65	1½ ,,	,,	5 weeks.
30	Patrick Grant . . .	70	1½ ,,	,,	5 days.
31	Margaret Connolly .	89	1½ ,,	,,	12 ,,
32	Thomas Murphy . .	41	Not known.	,,	A few weeks.
Impacted Fractures of the Neck of the Femur, external to the Capsule.					
33	John Summers . . .	74	1½ inch	Eversion	2 months.
34	Mary M'Kenna . .	52	¾ ,,	,,	4 days.
35	Catherine Egan . .	60	1¼ ,,	Inversion	1 month.
36	Sarah Denny . . .	70	1 ,,	Eversion	1 ,,
37	Alicia Sherlock . .	64	½ ,,	,,	15 weeks.
38	James Power . . .	54	1½ ,,	,,	5 months.
39	A. B., a female . . .	80	Not known		Not known.
40	Not known	...	... ...		... ...
41	Bryan Dunn	60	¼ ,,	,,	13 days.
Impacted Fracture of the Neck of the Femur, internal to the Capsule.					
42	Owen Curran . . .	70	½ inch	Eversion	1 year & 10 mo.

From what has been stated in the preceding pages, and from the evidence afforded by the *post-mortem* examination of fifty specimens of fractures of the neck of the femur, forty-two of which have been detailed, I think I am justified in deducing the following conclusions:

1. A slight degree of shortening, removable by the extension of the limb, indicates a fracture within the capsular ligament. 2. The degree of shortening, where the fracture is within the capsular ligament, varies from a quarter of an inch to one inch, or one inch and a half. 3. The degree of shortening, when the fracture is within the capsule, varies chiefly according to the extent of laceration of the fibro-synovial folds which invest the neck of the femur. 4. In some cases of intracapsular fracture the injury is not immediately followed by shortening of the limb. 5. This absence of shortening is generally owing to the integrity of the fibro-synovial folds. 6. In such cases the retraction of the limb may occur suddenly, many weeks after the receipt of the injury. 7. This sudden retraction of the limb, which indicates a fracture within the capsule, is, in general, to be ascribed to the accidental laceration of the fibro-synovial folds. 8. The degree of shortening, when the fracture is external to the capsule and not impacted, varies from one inch or one inch and a half, to two inches or two inches and a half. 9. When a great degree of shortening occurs immediately after the receipt of the injury, we usually find a comminuted fracture external to the capsule. 10. The extracapsular fracture is generally accompanied by fracture with displacement of one or both trochanters. 11. The extracapsular *impacted* fracture is generally accompanied by fracture without displacement of one or both trochanters. 12. In such cases the fracture of the processes unites more readily than that of the cervix. 13. The degree of shortening, when the fracture is impacted, varies from a quarter of an inch to one inch and a half. 14. The exuberant growths of bone met with in these cases have been by many erroneously considered to be merely for the purpose of supporting the acetabulum and the neck of the femur. 15. The difficulty of ascertaining crepitus, and of restoring the limb to its natural length, are the chief diagnostic signs of the impacted fracture. 16. The position of the foot is as much influenced by the obliquity of the fracture and the relative position of the fragments, as by the action of the muscles. 17. Inversion of the foot may occur in the intracapsular, extracapsular, or impacted fracture of the neck of the femur. 18. When in the intracapsular fracture the lower fragment is placed in front of the upper, the foot is usually inverted. 19. When in the extracapsular fracture with impaction, the superior is driven into the inferior fragment, so as to leave the greater portion of the latter in front of the former, the foot is generally inverted. 20. In cases of comminuted extracapsular fracture without impaction, but with separation and displacement of the trochanters, the foot may be turned either inwards or outwards, and will generally remain in whatever position it has been accidentally placed. 21. The consolidation by bone of the intracapsular fracture is most likely to occur when the fracture is also impacted. 22. Severe contusion of the hip-joint, causing paralysis of the muscles which surround the articulation, is liable to be confounded with fracture of the neck of the femur. 23. The presence of chronic rheumatic arthritis may not only lead us to suppose that a fracture exists when the bone is entire, but also when there is no doubt as to the existence of fracture, may render diagnosis difficult as to the seat of the injury with respect to the capsule. 24. Severe contusion of the hip-joint, previously the seat of chronic rheumatic arthritis, and the impacted fracture of the neck of the femur, are the two cases most liable to be confounded with each other. 25. Each particular symptom of fracture of the neck of the femur, separately considered, must be looked upon as equivocal: the union of all can alone lead to correct diagnosis.

On the Use of the Tincture of the Muriate of Iron in Diabetes Mellitus. By Charles Clay, Esq., Surgeon, Manchester.[1]—The folllowing three cases yielded so decidedly to the use of the tinct. ferr. mur. P. L., after many other remedies had been tried, that I trust that placing them before the public will be the means of testing its merits still further. It is quite necessary, in order to succeed, to give it in large does, as I have repeatedly tried the same remedy in small doses without any effect. The cases I am about to give were of sufficient standing as to time and obstinacy (and could only be considered bad cases), and of such a character that the trial of any new remedy was perfectly justifiable.

Case 1.—James Newton, of Ashton-under-Lyne, February, 1836, aged 75 years, had been for two years suffering from diabetic flows of urine, which for nine months had considerably increased; he had been under the care of different persons, and a variety of remedies were tried, but no abatement of the symptoms was observable. When he applied to me, the quantity of urine discharged was nine pounds and a half by weight in twenty-four hours, fully charged with saccharine matter; his appearance was emaciated, anxious countenance, and a dry, furred tongue. After trying various plans, without any apparent benefit (with the exception of temporary relief for a few days by the exhibition of nitrous acid), at last, without any particular hope of benefit, I ordered the following mixture:

Tincture of opium, ʒjss;
Tincture of muriate of iron, ʒij;
Sulphate of quinine, grs. viij;
Distilled water, ℥vj. An ounce to be taken three times a day.

After continuing this formula for three days, I was agreeably surprised by a sensible abatement of the quantity of urine, but still as fully charged with saccharine matter; in five days more (that is, eight from the commencement), the abatement continued; the countenance less anxious, tongue clean, and evidently improving in constitution. On the eighteenth day, barely four pounds of urine were discharged in twenty-four hours, in which little saccharine matter could be detected. In four weeks, with a continuation of the medicine, he appeared in perfect health, and at the end of six weeks ceased taking medicine entirely, and since has had no return of the complaint.

Case 2.—W. Grundy, aged 30, of Hurst, came under my care in April, 1838, after being treated by different persons without any apparent benefit. From the decided success of the tinct. fer. mur. in the case of Newton, I began immediately with the same dose, as above stated. The quantity of urine was, at the commencement, eight pounds in twenty-four hours, and full of saccharine matter. For five days no improvement in either the quality or quantity of the discharge was observable; after that time, however, the abatement began to show itself, but without any diminution of the saccharine principle. On the fourteenth day, the diminution of the discharge was remarkable, not more than three pounds and a half in twenty-four hours, and the character of the urine much less sweet. On the twenty-fourth day the discharge was natural in quality as well as quantity, and before the expiration of five weeks he left off taking medicine.

Case 3.—Mary Wild, aged 56, of Ashton, had been subject to a diabetic discharge for eight months; her general health had for some time been very precarious, from the cessation of the menstrual discharge: about seven pounds and a half of urine in twenty-four hours. In this case the saccharine matter was not so abundant as in the former cases. I gave the tinct. fer. mur. mixt. for six days, when a slight abatement was observable; but on the twelfth day the quantity was more than at the commencement. On the fifteenth day the abatement again showed itself: and from this time to the end of four weeks kept continually decreasing. At this time pleuritic symptoms called for a cessation of these remedies and a substitution of others, during which time a slight increase of urine came on; but on going on with the old medicine the improvement returned. She finally ceased taking medicine at the end of eight weeks, feeling her health quite restored, and has had no return since. The date of this case was March, 1840.

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[1] Lancet, Oct. 10, 1840; and Brit. and For. Med. Rev., Jan. 1841, p. 265.

Mr. Combe.—It was with no little regret that we observed in the volumes of Mr. Combe on the United States, which have just been published, an allusion evidently to a private conversation which took place at a dinner table, in which Mr. Combe makes the editor of this journal do Dr. Beaumont the signal injustice of stating, that the suggestions and experiments made at Washington, and detailed in Dr. Beaumont's book, were by the editor.

The error is another instance of the difficulty and impropriety of travellers attempting to detail private conversations. Mr. Combe was informed, that certain suggestions were made to Dr. Beaumont, and certain experiments performed by the editor in Washington along with him, whereas the observation of Mr. Combe would lead to the inference that Dr. Beaumont himself suggested and performed none of them.

The editor of this journal has been extremely careful not to detract from the results of the meritorious and persevering investigations of Dr. Beaumont, and it is painful to him to have the subject brought forward in this manner. It is strange, indeed, that Mr. Combe should not have seen the injurious effect of such a statement to one party, even if the impropriety of attempting to detail private conversations had not impressed him.

Jefferson Medical College,—Reorganisation.—It is with the greatest gratification that we announce the reorganisation of this college, with a corps of professors whose names and professional acquirements are known over every portion of this country. At a late meeting of the board of trustees, the following professors were unanimously appointed to the respective branches:

Dr. Dunglison, Institutes of Medicine and Medical Jurisprudence.
Dr. Huston, Materia Medica and General Therapeutics.
Dr. Pancoast, General, Descriptive, and Surgical Anatomy.
Dr. J. K. Mitchell, Practice of Medicine.
Dr. Randolph, Practice of Surgery.
Dr. Mütter, Institutes of Surgery.
Dr. Meigs, Obstetrics and Diseases of Women and Children.
Dr. Franklin Bache, Chemistry.

Of these gentlemen Drs. Dunglison, Huston, and Pancoast are medical officers of the Philadelphia Hospital; Drs. Randolph and Meigs of the Pennsylvania Hospital; and Dr. Mütter is surgeon to the Philadelphia Dispensary.

With the college thus fitly organised, the effect must be to render Philadelphia still more the centre of medical education in the Union. The higher the reputation of the schools, and the more harmonious their cooperation in the great work of medical instruction, the more certainly must this result be accomplished. Unworthy rivalry should be abolished, but an honourable competition as to which institution can be most extensively useful to the profession and the public should endure.

THE

AMERICAN MEDICAL INTELLIGENCER.

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For the American Medical Intelligencer.

ART. I.—ON THE PRESENCE OF KIESTEINE IN THE URINE AS A TEST OF PREGNANCY.

Philadelphia Hospital, April 12th, 1841.

To Professor Dunglison.

Dear Sir,—At your suggestion we have instituted a series of experiments for the purpose of ascertaining the existence of kiesteïne in the urine of pregnant women. They have been conducted after the manner pursued by Dr. Golding Bird, as published in Guy's Hospital Reports, of April, 1840. Daily observations were made, and every change as it presented itself carefully noted. The results of our observations are as follows: The urine of twenty-four out of twenty-seven women, in different stages of pregnancy, from the second to the ninth month of utero-gestation, on the second day began to lose its transparency; on the third, became quite opalescent. From the second to the fourth day, a whitish scum made its appearance, which, as described by previous observers, might aptly be compared "to the layer of greasy matter which covers the surface of fat broth when it has been allowed to cool." This continued to increase until the fifth or sixth day, when, in each case, it was so unequivocally marked as not to be mistaken. From this until the fourteenth day, when the observations closed, the pellicle became gradually thinner by the detachment and subsidence of flocculi, though it never entirely disappeared. The odour, which was peculiar, could not be recognised by us as "cheesy," although our attention was particularly directed to this point. The filtered specimens of the same urine underwent similar changes.

Of the three remaining cases, in which the pellicle did not appear, one was labouring under peritonitis, and subsequently had an attack of puerperal fever, and another had incipient phthisis. We are unable to say whether the third was labouring under disease or not.

The urine of one suckling woman, two weeks after delivery, presented all the characteristics of kiesteïne. That of two others, twelve months after delivery, whose children were still at the breast, underwent no change.

So far as we observed, the presence or absence of milk in the breasts, previous to delivery, appeared to exercise no influence over the formation of the scum.

An elevated temperature of from 60° to 80° appears most favourable to the speedy and perfect formation of the kiesteïnic pellicle, whilst one low enough to freeze the urine occasionally prevents or very materially retards the process. This may perhaps account for some apparent discrepancies between our observations and those of Dr. Bird, as some of our experiments were conducted at rather a low temperature.

By way of instituting a comparison at the same time, the urine of twenty-seven unimpregnated women was submitted to examination, but underwent no changes indicative of kiesteïne. Of these, twelve were regular and healthy, nine were labouring under gonorrhœa, and were generally irregular. Three had chronic leucorrhœa, two indolent ulcers on the leg, and one was in the last stage of phthisis. The six last mentioned also had amenorrhœa of long standing.

The urine of four healthy men, and of two labouring under catarrh of the bladder, underwent no change.

From the nature of our situation, we had an opportunity of tracing the history of each case examined. The urine, in every instance, was that first voided in the morning, and that of no one was taken who did not remain long enough in the house either to be delivered or to place their state beyond a doubt.

From what has hitherto been published on this subject, as well as from the further observations made by ourselves, it will be seen that this matter is worthy of further investigation; and that whilst it cannot be relied on as an absolute test of pregnancy, yet when taken in conjunction with other symptoms, it forms a valuable aid to diagnosis. As illustrative of this fact, we may state the following cases, which came under our own observation.

Nov. 10th, 1840. Margaret M'Guire, æt. 26. Entered the venereal ward with gonorrhœa; had not menstruated for two months. She applied to the physician in attendance for emmenagogues, which were administered, as no other sign of pregnancy existed. At the same her urine was taken as a healthy specimen; but the appearance on the third day of a perfectly marked kiesteïnic pellicle caused the treatment to be discontinued. She is now in the obstetrical ward, in so advanced a stage of undoubted pregnancy, as to prove her at that time to have been in the second month.

Susan Rhodes, æt. 23, assistant nurse. Had a cessation of the catamenia for three terms after a visit from her husband, a seaman. Her breasts enlarging and becoming painful, with morning sickness; she supposed herself pregnant. Alarmed at experiencing pain in the region of the pelvis, accompanied by a bloody discharge for several days, she applied, Nov. 20th, 1840, for medical treatment to prevent abortion. She was put to bed, and her urine submitted to examination. As it exhibited no appearance of kiesteïne, on the fifth day she was allowed to resume her occupation, and has since been perfectly regular.

Lavinia Horner, æt. 32. Entered the medical ward Dec. 13th, 1840. She had been treated in the city for amenorrhœa, produced, as she says, from exposure to cold. On examination by Dr. Dunglison, then in attendance, she was suspected of being pregnant, notwithstanding her solemn protestations to the contrary. On the third day, her urine presenting the decided characteristic pellicle, she was transferred to the obstetrical ward, and during the last month was delivered.

Mary Brown, æt. 35, (coloured.) Entered medical wards Jan. 12th, 1841, in an advanced stage of phthisis, accompanied by enlargement of the abdomen. Has had several children; supposed herself pregnant, and stated that quickening had taken place a month previously. Her urine, however, presented no traces of kiesteïne. A few weeks afterwards she died, and on examination, the enlargement of the abdomen was found to depend upon ovarian dropsy, while the uterus was perfectly normal.

We are, sir, very respectfully,

WM. M. M'PHEETERS, }
J. C. PERRY, } Resident Physicians.

Art. II.—ANATOMICAL DESCRIPTION OF AN HERMAPHRODITE, KNOWN BY TURNS UNDER THE NAMES OF MARIE-DOROTHE DERIER AND CHARLES DURGE.

BY PROFESSOR MAYER, OF BON.[1]

Translated from the French, by O. H. Partridge, M. D., Philadelphia.

This remarkable individual whom we are about to describe, has been known to the medical community for more than thirty years, at first by the name of Marie-Dorothé Derier, afterwards by that of Charles Durgé. Born at Berlin or Potsdam in 1780, he was baptised as a female child. At twenty years of age he still continued to wear the clothing and follow the occupation of females moving in the same grade of life; it was about this time that he was first spoken of in the public journals. Hufeland made mention of him in his journal for 1801; and notwithstanding the perspicacity of this patriarch in German medicine, he gave it as his opinion that the attributes of the female sex were predominant with Derier.

During the years 1816 and 1817, Derier, who had learned to model in wax, visited the different universities in Germany, and traveled into France, Holland, and England, where he was employed in most of the anatomical museums. He was examined by a great number of medical gentlemen and men of science; among whom were Kopp, Kausch, Mursina, Rosenmüller, Osiander, Lawrence, Green, and the faculty of medicine in Paris, the most of whom gave it as their opinion that he was of the masculine sex. Hufeland, whom we have already mentioned, Gall, and Brooks, declared in favour of the feminine. While others, and among them Drs. Schneider and Lauth, Schmidtmüller and Ritgen, were of the opinion that Derier belonged to neither sex; the different parts of the body were considered as appertaining to the masculine and partly to the feminine. The pelvic basin only was considered by the most of them as the basin of the female; notwithstanding, the anatomical inspection, as we shall see, has demonstrated to the contrary.

Supported by the opinions of a majority of physicians, who had pronounced him of the masculine sex, and stimulated by a sort of vanity, Derier assumed the dress and mode of living usual among men, and caused himself to be called Charles Durgé. Under this name he continued to live in Bon, from 1820 to the time of his death, which occurred in March, 1835. During the latter period of his life he was constantly under the observation of M. Mayer. Durgé, said he, was pleased to be in the society of males, but evinced a greater predilection for that of females, yet entertained towards neither of them any amorous propensities. His character was a *mêlange* of the man and the woman: on the one part, he had courage unusual to one of his size—he possessed great physical strength, and loved to rule; and, on the other, distinguished himself for great manual dexterity, as his works in wax were always well and faithfully made. He was animated with sentiments mild and affectionate, yet at the same time possessed a certain spirit for contradiction.

During the last years of his life there was no evidence of a catamenial discharge from the genital organs, as there had been two or three times during his twentieth year, yet he was subject to epistaxis and hæmorrhoids, phenomena which were attributed to his manner of living, as he indulged freely in the use of wine, coffee, and spirituous liquors. Durgé never had pollutions or ejaculations of semen. His voice became more hoarse and strong as he advanced in age; his beard was light and thin; all his hair had fallen off, with the exception of a few locks that hung long and pendant from behind the occiput. His head and face presented the aspect of an old woman; the teeth also were nearly all gone; neck short; chest fat and round; arms and legs slightly covered like those of the female; his height, which was taken at the time he was thirteen years of age, when he had arrived at his full stature, was five feet.[1] At thirty-eight there was a complete change in his constitution, and he became very gross and portly; he enjoyed most excellent health, with the exception of a nervous fever, which attacked him when he was about forty years old. He continued thus to live until three years previous to his death, when his memory failed, and he lost all taste for his works in wax. In the month of March, 1835, his countenance assumed a haggard aspect for a number of days, at the end of which Durgé or Derier succumbed suddenly of a violent attack of apoplexy. The autopsy was made by Professor Mayer, one of the most distinguished anatomists of Germany. M. Mayer was exceedingly minute in his examinations, which might have been thought by some unnecessary, had they not been justified by the importance of the subject.

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[1] Medical Examiner, April 10, 1841.

We have thought it our duty to report faithfully the description of the professor in Bon, because it has thrown much light upon the true nature of an individual who had enjoyed a certain celebrity in consequence of the great difficulty that had existed to determine to which sex he belonged. It proves to us, moreover, that there does exist among the human species true hermaphrodites,—that is, the organs male and female in the same individual.

Autopsy, exterior.—Length of the body, 5 feet; length of the superior extremities, from the condyle of the humerus to the end of the middle finger, 2 feet 4½ inches; inferior extremities, from the great trochanter to the heel, 2 feet 10¾ inches. Form of the head feminine, small, os frontis narrow and low: occiput prominent; hair thin, and covering only the occipital region; beard very thin; neck short; larynx slightly projecting; breadth of the shoulders 1 foot 2 inches; superior portion of the thorax narrow and short; abdomen of good length; breasts very well developed, but the nipples shrunk; pelvis not large; pubien arch of a medium width; curve of the arms and legs like those of a female.

Description of the internal organs.—Tongue short, large, and ovoid; papilla long, and of a natural size; os hyoides small, but well developed; the thyroid cartilage forms but a slight projection, is very narrow, but of a tissue sufficiently hard throughout; thyroid gland quite large; cornua thyroidea, superior and inferior, very long; the ligaments of the thyroid and cricoid cartilages strong and well developed; epiglottis short and large; cavity of the larynx moderately large, nevertheless, the vocal chords, superior and inferior, are sufficiently thick and strong; trachea narrow, and its cartilages more soft than those of the male. *Lungs* small; the right lung is divided only into two lobes by a fissure incomplete and not very deep: the left also is divided and adherent to the parieties of the thorax, the pericardium and diaphragm; the right lung, with the exception of a few arthritic tubercles of the size of peas, is healthy; the left contains a large number of these concretions, particularly on the internal edge of the superior lobe. *Heart* fat, large, round, and resembles the heart of a female; its structure is normal, and the muscular tissue well nourished; the division of its vessels from the arch of the aorta natural. The stomach is of an oblong form and not very muscular. *Spleen* small, and only 2 inches 10 lines in length, and 1 inch 8 lines broad. *Liver* of a medium size, biliary ducts contain a large number of calculi. Intestinal canal normal; cœcum large; appendicula vermiformis large. *Mamma* tolerably well developed, the glandular granulations are wanting, but in their place are found a quantity of small globules, fatty, and of a reddish yellow appearance; the nipple projects but slightly, and is pierced by a great number of minute holes, which are evidently sebaceous follicles, and situated only about the areola. *Kidneys* oblong, thin, and small; renal capsules normal.

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[1] We here make use of the French measure, which the reader will recollect is a little longer than the English,—12 French inches being equal to about 13 English inches.—*Trans.*

The *encephalon* is small, and presents entirely the form and organisation of that organ in the female; its form is round and symmetrically convex; lobes not prominent, convolutions numerous, but narrow; dura mater and pia mater are of an extremely delicate texture; pons varoli and medulla oblongata small; the nerves, and particularly the fifth pair, are more delicate than in the male; the cerebellum is also small, and its right hemisphere in particular is much less voluminous; in fact all the lobes appear to have been arrested in their developement; the lamina are numerous; the cerebrum presents also a want of developement in its right hemisphere, as is indicated by a depression at the lobes; corpus callosum short; thalami nervorum opticorum, corpora quadrigemina, pineal gland and corpora striata, are below the natural size. *Cranium* small; its bones thin, but solid; sutures not effaced; bones of the face tolerably well developed; ossa maxillaria superiora destitute of teeth; in the ossa maxillaria inferiora two molar and three incisors still remain; mastoid processes large, and of a very firm texture; os frontis slightly projecting, but the summit of the cranium and the occiput, which contain the posterior lobes, are quite large; the prominences corresponding to the cerebellum not well developed, the left saillant and the right quite smooth; vertebral column regularly formed, but the vertebræ, especially the cervical and thoracic, are of rather delicate texture; ribs brittle and thin; the third, fourth, fifth, sixth and seventh on the left side have been fractured, the four first in two places, the last in one only; the fractures now are consolidated, and quite firm; the pleura adheres at three different points, and also to the lungs; the sternum, particularly its superior portion, is quite large; thorax uncommonly narrow, more especially its middle portion, while its lower section is also of good size.

The bones of the superior extremities are proportionally well developed, but present a feminine character, particularly the clavicle and scapula; the first is short, rounded, thin, and very curved,—the fore-arm forms with the arm an angle from without, a little unusual; the hands are small like those of the female; lumbar vertebra rather small; sacrum large; sacro-vertebral angle slightly prominent. The bones of the pelvis are strong and solid, and in general narrow, presenting in an evident manner the configuration of the pelvis of a male; its greatest transverse diameter, from the crest of one ilium to the other, is 9 inches; from the anterior superior spinous process of one ilium to the opposite it is 7 inches and 3 lines; transverse diameter of the superior strait, 4 inches 5 lines; antero posterior, 3 inches 4 lines; oblique diameter, 4 inches; transverse diameter of the inferior strait, 3 inches 3 lines; antero posterior, 2 inches 6 lines; symphisis pubis long and narrow; the arch of the pubis is like that of the male, and forms an angle of 65 degrees; the lateral portions of the ilium have a vertical direction; cotyloid cavities are flat and turned forward; sciatic tuberosities look downward and inward; the whole of the pelvis is a little unequal and oblique, inasmuch as the right half of the small basin is smaller and more narrow than that of the left, and the sacro-vertebral angle greater towards this side; osseous tissue of the inferior extremities very delicate; neck of the femur short; trochanters feeble; knees a little crooked from within.

Description of the genital organs in particular.—Mons veneris slightly elevated; the hairs that cover it are thinly scattered, and do not extend as far as the umbilicus; perineum and anal region also only partially covered. Length of the penis to the glans two inches; the glans itself nine lines; penis mostly covered by the mons veneris; corpus cavernosum equally well developed, presenting each one a perpendicular diameter of eight lines, and together a transverse diameter of four lines, divided by a septum; corpus spongiosum wanting; the prepuce covers but about half of the glans; and a little on the under side is found an opening, *fossette naviculaire*, or small canal, which represents the canal of the urethra, closed, and is formed of two folds of skin, stretched backwards, and which resemble the nympha; this small canal leads to an opening, round, and about the size of a goose quill; the external labia, the skin of which is wrinkled, forms the posterior edge of this opening, and the mucous tissue, smooth and glossy, its anterior; at the anterior or superior border are to be seen two longitudinal folds of skin, between which is a small canal representing the canal of the urethra, and runs in a direction inward; at the edges of the internal labia are also seen the vestiges of the curunculæ myrtiformis; the circular opening continues, with a vestibule of eight lines in length, and merges above into the canal of the urethra, and below into a larger canal which resembles a vagina; the septum that divides at this place the vaginal and urethral canals is semilunar in form, and is placed horizontally; the canal of the urethra is near the racine of the penis, and is at the same time surrounded by the prostate, which is firm, but not very thick; neck of the bladder, and the bladder itself, are regularly formed; the latter, particularly, is very muscular, and its membranes dense and strong; the mouths of the ureters present nothing singular. The canal which represents the vagina is composed of a delicate mucous tissue, and has but few muscular fibres, and is partially filled with a greenish mucus; at its commencement it is surrounded by a tissue, rectiform and vascular, and easily separated; this tissue is composed mostly of varicose veins, which continue upwards between the vagina and uterus, and finally disappear; at this place are seen a number of veins coming out, and a large artery entering. Length of the vaginal canal two inches eight lines; diameter of the external orifice where it is the largest, ten lines; posteriorly, it is only six lines; in its internal surface anteriorly it is a little corrugated,—farther back, smooth, but garnished with a great number of small warts, where are to be seen also radiated or star-formed cicatrices. The vagina terminates interiorly by a narrow portion or sort of isthmus of a spongy texture, and of from four to six lines in length; behind this isthmus, which represents the imperforate orifices of the uterus, is found the uterus itself, which continues upwards with the oblique direction of the vagina, behind and between the bladder and rectum, with a slight declination from right to left, so that its base is seen on the left side of the bladder, at the point of union between the body and base of this organ.

The *uterus* is extremely narrow; length two inches six lines; neck quite small, yet it is not difficult to distinguish that it has a neck, body, and fundus; there is nothing remarkable in the internal surface, except some small folds, and a number of small spots of a yellowish brown colour; its cavity, which contains a gelatinous mucus, is much narrower than that of the vagina, and will hardly receive a goose quill; its fundus is a little larger, and will measure nearly six lines; the body of the uterus exhibits a few corrugations or folds, and a number of hydatiform vesicles, mixed here and there with yellow spots.

The two fallopian tubes open exactly at the fundus of the uterus, but in length are unequal; the left tube being three inches four lines, and the right four inches four lines; the tube of the canal is small, but perfectly permeable to the abdominal opening, which is imperforate, and where are discovered a number of hydatids; corpus fimbriatum plainly to be seen; the muscular fibres are very strong which are given off from the fundus of the uterus, under the peritoneum, and which pass over its anterior portion and the bladder in a direction towards the inguinal ring, and finally are lost in the adipose tissue of the external organs. In the right side, near the open extremity of the fallopian tube, is a small, flat, ovoid body, from which are given off a bundle of vessels and muscular fibres, and entirely enveloped in the peritoneum; its form is that of a small almond; its parenchyma is evidently composed of a yellow, soft, and filamentous tissue, resembling exactly that of the testicle; the vesiculæ seminales may easily be dissected, and in the cord are to be seen the artery and vein. On the right side, behind and a little without the abdominal opening of the fallopian tube, there is also a small, round, flat body, enveloped in the peritoneum, but its tissue is gelatinous, and composed of small grains, so conglomerated as to resemble rather an ovary than a testicle.

We here see the mixed attributes of a male and female; on the one part a testicle slightly atrophied, also a penis and prostate gland; on the other, a vagina and uterus with its fallopian tubes, and on the left side a body analogous to an ovary. M. Mayer has also observed as a fact worthy of special notice, the very slight developement of the hemispheres of the cerebellum, an anomaly that Gall predicted when Derier or Durgé was twenty-five years of age, in consequence of the indifference exhibited by him for either sex. It is also a fact, that on the right ride, where the cerebrum, and particularly the cerebellum, were imperfectly developed, there exists in the abdominal cavity but one thing doubtful, that is, the body which was supposed to be an ovaria; while on the left side there is certainly a testicle, although not of full size.

Finally, M. Mayer adds, he never has observed this defect in the organisation of the cerebellum in any other case of hermaphroditism, either in the male or female.

Art. III.—RHINOPLASTIC AND CHEILOPLASTIC OPERATIONS.[1]

BY J. PANCOAST, M. D.

Professor of Anatomy in Jefferson Medical College, one of the Surgeons of the Philadelphia Hospital, &c.

Jno. Glover, æt. 50, a native of Bridgewater, in England, lost, seven years ago, as he states, by phagedenic ulceration, all the soft parts of the nose, the whole of the upper lip, the turbinated bones and septum of the nostrils. Though now in good health and robust, he appears an object of deformity so disgusting to himself, that he has voluntarily exiled himself from his family and home. On examination, it was found that the teeth with their sockets had all disappeared from the upper jaw, and nearly all from the lower: a small strip of gum, a quarter of an inch wide, stretched across, and formed the only separation between the lower lip and the ends of the ossi nasi.

In consequence of the destruction of the upper lip and the sockets of the teeth, the chin came high up on the face, and the lower lip fell on the margin of the nasal cavern.

The cicatrisation following the destruction of the upper lip and nose had drawn in the angles of the mouth, so as to leave a round opening of not more than three quarters of an inch in diameter when the mouth was opened to the widest extent.

Jan. 20th, an operation was performed before the class of the Philadelphia Hospital, for the enlargement of the mouth and the reconstruction of the upper lip. The mouth was widened after the manner of Dieffenbach, for about five eighths of an inch at each angle, by removing a slip of the muscle and integuments in front of the mucous membrane, and then dividing the membrane in two, and binding each half by suture over the raw edges of the new lip. A flap of integument was then raised from the muscles of each cheek, an inch in breadth and an inch and a half in length, and brought down and fastened together by hare lip sutures in front of the gum, which had been previously made raw with the knife. The operation succeeded. The new lip became perfectly adherent to the gum, and presented a natural appearance.

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[1] Medical Examiner, April 10, 1841.

March 27. Proceeded to the rhinoplastic part of the operation. A flap of the integuments was raised from the forehead, nearly of a pyramidal shape, three inches long and three inches broad at the base, having an adherent strip raised from the scalp on the middle line an inch and a half long and five eighths of an inch broad, to form the columna of the new nose. The flap was dissected up, remaining attached only by a pedicle between the eyebrows, and twisted so as to present its raw surface over the opening of the nose. The integuments of the forehead and scalp were then brought together with hare lip sutures, leaving only a small opening to fill up by granulation the size of a twenty-five cent piece. A groove was cut along the sides of the nasal cavern into which the flap of the new nose was stitched. The new columna from the scalp was bent in, and fastened with hare lip pins to the upper margin of the gum, and the new lip formed on the 20th of January, and which were freshened with the knife for its insertion. The entire operation lasted a little over an hour, and was borne by the patient without a murmur. 31st. The dressings were removed, the wound in the forehead and scalp were found united, except in the middle space, by first intention. The new nose and the column had also united every where by first intention, and retained in a great degree the natural prominence. The patient suffered but little pain or inconvenience since the operation, and has the fairest prospect of having his hideous deformity entirely removed. The details of this case will be hereafter more fully given, as well as those of another case, in which the operation was performed by Dr. Pancoast on the 9th of January last. In the latter instance, the nose, which had been lost by scrofulous ulceration, attended with a destruction of a considerable part of the hard palate, was rebuilt by flaps from the cheeks, and the operation has been so completely successful, as to require a careful inspection to distinguish it from the natural organ.

BIBLIOGRAPHICAL NOTICES.

Transactions of the Medical Society of the State of New York.[1]

This part of the Transactions of the active Society of the State of New York contains the following articles:—Annual Address on Inflammatory Fever, by Sumner Ely, M. D.; Prize Dissertation on the Nervous System, by Nathan S. Davis, M. D.; Observations on Ergot, by J. B. Beck, M. D.; Observations on Aneurism, by Placide Portal, M. D.: and an Address before the Rensselaer County Medical Society, by Daniel Haynes, M. D. The appendix is occupied by an abstract of the proceedings of the society at its annual session, Feb. 1841; a list of officers of the county medical societies; legislative documents; regulation of medical fees of the superintendents of the poor, &c. &c.

Hamilton's Lecture on Phrenology.[2]

Dr. Hamilton has taken decided grounds in this pamphlet against phrenology, and will of course be regarded unfair and perhaps feeble by those who consider that they alone possess all knowledge on the subject. One thing stated by him surprises us, that *we* are "often quoted as favouring phrenology." The pages of this journal have sufficiently shown, that whilst we respect the honest convictions of others who embrace the opposite view, the evidence adduced in favour of phrenology, backed as it has been by the zeal of its apostle, who lately visited this country, has been altogether insufficient to convince us of the truth even of its positions.

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[1] Vol. v. Part 1. Albany, 1841.

[2] Lecture on Phrenology, by Frank H. Hamilton, M. D., Professor of the Theory and Practice of Surgery in Geneva Medical College and the Vermont Academy of Medicine. Delivered before the Rochester Athenæum, Feb. 9, 1841. 8vo, pp. 32. Rochester, 1841.

The lecture of Dr. Hamilton exhibits great energy of character and much research, and must have been well received by his audience.

Tweedie's Library of Medicine. Dissertations on Diseases of the Digestive, Urinary, and Uterine Organs.[1]

This is another of those valuable volumes for which we are indebted to the enterprising publishers who have undertaken the series. The articles are shorter than those of the preceding volumes, but they are not the less satisfactory; whilst they permit the ground to be covered by a greater variety.

We can strongly recommend the whole series to the notice of the practitioner and student. The authors are all men of science and observation, and they are evidently on a level with the improved knowledge of the day.

Twenty-fourth Annual Report of the State of the Insane Asylum at Frankford.

The report before us exhibits this valuable institution in a favourable light. The number of patients during the year was 110; of whom 52 were discharged; 58 remain in the house.

The report of the physicians exhibits that they are alive to the responsible position they occupy, and deeply imbued with the existing improved views as to the best treatment of the insane.

Gibson's Rambles in Europe.[2]

We had occasion, in our last volume, to draw favourable attention to sketches of living characters abroad, as given by Professor Gibson, in his introductory lectures to the students of the University of Pennsylvania. The volume before us contains those sketches, with numerous others of distinguished individuals, whom its author met with in Great Britain, Ireland, and France. On these additional sketches the same encomiums may be passed as on the former. Most of them are decidedly complimentary, and perhaps deservedly so; there are others, however, which may gratify the reader more than the parties immediately interested.

Of the eminent surgeon, whose death has been recently announced, it may be interesting to read Professor Gibson's description, from personal observation two years ago:—

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[1] By W. Bruce Joy, M. D.; J. A. Reynolds, M. D.; George Budd, M. D.; William Thomson, M. D.; Robert Christison, M. D.; Robert Ferguson, M. D., and Dr. Simpson. Edited by Alex. Tweedie, M. D., F. R. S., &c., with notes by W. W. Gerhard, M. D., &c. &c. 8vo, pp. 516. Philadelphia, 1841.

[2] Rambles in Europe in 1839, with Sketches of Prominent Surgeons, Physicians, Medical Schools, Hospitals, Literary Personages, Scenery, &c. By William Gibson, M. D., Professor of Surgery in the University of Pennsylvania, &c. &c. 12mo, pp. 309. Philadelphia, 1841.

"It was natural I should wish to see the Wellington of British surgery, as Sir Astley Cooper has been emphatically styled. I had attended his lectures occasionally, and witnessed his operations in Guy's and St. Thomas's hospitals thirty years before; I was familiar with his writings and high reputation at home, abroad, and, indeed, throughout the civilised world, and felt no ordinary desire to form the acquaintance of one who, in addition to the highest professional renown, was allowed, by common consent, to be among the most finished gentlemen of the day; I repaired, therefore, to his house, without any introduction whatever, was ushered into his presence, and received with a courtesy and urbanity I was totally unprepared to expect; for, upon my name being announced by the attendant, he came forward with ease and alacrity, and expressed, in the kindest possible way, his pleasure at meeting one connected with a university he had long known by reputation, and with some of whose professors he had been upon the most intimate terms of friendship, whilst fellow-pupils with them under the celebrated Hunter. Imagine a tall, elegantly formed man, moderately robust, with a remarkably pleasing and striking countenance, red, and fresh as a rose, apparently about fifty-eight or sixty years of age, but in reality above seventy, very agile and graceful in all his movements, simply but handsomely attired, with the spirit and vivacity and bearing of a youth, with, in short, no marks of advanced age except a head as white as the driven snow, —and a very just conception may be formed of the appearance of Sir Astley Cooper.

"I had scarcely been seated five minutes before I found myself deeply engaged in discussing all the knotty points of surgery, question following question in rapid succession, and the greatest interest evinced in the various answers returned,—all touching points of practice, either peculiar to America, or in conformity with English or French doctrines, or notions, or, as sometimes happened, adverse to both. Thus employed, an hour glided quickly away, when a servant entered and whispered audibly that the rooms were full of patients, all anxious to obtain his advice. He rose suddenly, apologised for leaving me, and said, "Come and breakfast with me tomorrow precisely at nine, and any morning, if you please, at the same hour, as long as you remain in London, and I will go through with you, day after day, the various preparations in my museum, the most valuable and choice of which are contained in my house." The next morning I was at my post by the appointed time, breakfast was served precisely to the minute, and half an hour afterwards I found myself in his museum listening to a lecture on the structure and functions of the thymus gland, illustrated by some of the most beautiful preparations I ever beheld. At half past ten I took leave, and Sir Astley said at parting, "Come to me, if you can, to-morrow at two o'clock, and I will take you to Guy's Hospital, show you the establishment and its large and splendid collection of preparations,—many of which occurred in my own practice, and are very interesting and unique in their character." Whilst riding, upon that occasion, for miles along the crowded streets of London, and moving so slowly as scarcely to reach our destination for an hour and a half, I was forcibly struck with the fund of anecdote which he was constantly pouring forth, chiefly illustrative of the scenes of his long and eventful life, and relating, in many instances, to ludicrous or remarkable circumstances in the history of some of his professional brethren,—all told in such a way as to convince me that he possessed an innate love for fun, or mischief, so refined, however, by benevolence, as never to wound or tarnish the characters of those whose peculiarities or infirmities he portrayed. I was the more persuaded of this ingredient in his composition afterwards, from hearing, through an old friend of his in the neighbourhood of Yarmouth, where he was born, the following anecdote—

upon the truth of which I thought I could rely. "Sir Astley," said he, "was the son of a clergyman of Yarmouth, where, upon one occasion, the church bells began to ring so vehemently as to alarm the inhabitants, who ran in great numbers to the parsonage to inquire of the minister the cause of such terrific peals from the steeple. 'Oh!' said the reverend gentleman, 'I have no doubt it's all the work of that mischievous wag of mine, Master Astley, and his hopeful playmate, Tom Goodfellow.' Accordingly, upon ascending the steeple, it was found, as predicted, that the boys were busily at work, full swing, pulling and hauling the rope in fine style, and amazingly delighted at the stir and sensation they were creating throughout the town, and the trouble they were giving to the honest citizens."

"During the ride Sir Astley mentioned to me also a striking peculiarity—which showed the power and extent of his memory—by remarking he could take up any of the poets, and from two or three readings repeat for years afterwards whole passages without the slightest omission or mistake, and, in proof of it, immediately recited several pages from Young's Night Thoughts. In conversing with him concerning the destruction of Hunter's papers by Sir Everard Home, he remarked it was true, and an act of great folly on Sir Everard's part, inasmuch as it led to the belief he had never produced an original work, but had stolen every thing from Hunter; whereas, he had strong reason to believe, Sir Everard had only burnt papers which he conceived to be of little or no importance, and that he was not justly chargeable in a single instance with plagiarism. He also spoke of Home as having been an excellent surgeon, full of information, devoted to his profession, but rough in his manners and operations, and so decided in character and independent in views, as to give, upon many occasions, great offence to his patients and brethren.

"Upon reaching Guy's Hospital, I had soon proof of the activity of Sir Astley's frame, and the vigour of his constitution; for he walked with the quickness of a young man, and was so rapid in his movements, as to render it difficult to keep pace with him. I was particularly struck with his demeanour towards the house surgeons, the pupils, the patients, the superannuated nurses, and every living thing about the establishment, his manner being as kind and conciliatory as possible, taking, in several instances, the old men and women aside, and inquiring into their wants; and, upon one occasion, going considerably out of his way, and up a long flight of stairs, expressly to shake hands with an old woman, who had been one of his principal nurses more than forty years, and the only surviving individual, he said, who had been connected with the hospital as long as himself.

"After showing several interesting cases in the wards—one an amputation at the shoulder-joint, performed by Mr. Key, and in a fair way of recovery, the stump being nearly healed, and beautifully formed,—he led the way to the surgical cabinet, and pointed out, with his own hand, each interesting specimen, giving its history and peculiarity, and waiting patiently until I had secured his remarks in my note-book. There, and afterwards at St. Thomas's, I had the opportunity of examining all the preparations referred to in his great work on Hernia, the specimens in which the aorta, the iliacs, the subclavian and carotid arteries had been tied by himself, and the causes of failure or success amply demonstrated. There, also, I saw a specimen in which the subclavian had been tied, successfully, by Mr. Key, in a case where the axillary artery had been torn, in an attempt to restore a long-standing dislocation of the shoulder, and the result of which proved that I myself had been justified in pursuing the same course, under similar circumstances, long before. From the museum (the extent and beauty of which can only be appreciated by those who have examined it closely, as I had frequently afterwards opportunity of doing, and of comparing each specimen with the printed catalogue, in shape of a large volume, prepared by the intelligent Dr. Hodgkin,) Sir Astley kindly took me to the College of Surgeons, where we listened to a most eloquent discourse on the comparative anatomy of the kidney in various animals, by the celebrated Mr. Owen; afterwards introduced me to all the prominent surgeons and physicians present, and concluded by ushering me into the great Hunterian museum, giving me free and unlimited access to every department of it, and there leaving me to revel in the regions of anatomical, surgical, and scientific research to my heart's content. From that period I became a constant visiter at Sir Astley's, and through him formed the acquaintance of Sir Benjamin Brodie, and most of the other distinguished surgeons of London.

"There are many, even in London, who believe Sir Astley to have retired from the profession into the walks of private life. This is a great mistake; for although he has ceased, for some years, to perform the duties of a lecturer, and to attend at Guy's Hospital, except as consulting surgeon, he is still engaged in business and the examination of numerous cases at his own house. It is true he purchased, some years ago, a splendid seat[1] near London, and intended to retire from the profession. For a time he was delighted with his agricultural occupations, but at last found himself so pursued into his retreat by his old patients, or so watched and called upon whenever he ventured to show himself in town, that he was obliged, in spite of himself, to resume his former pursuits, and has ever since attended regularly to the profession. Another circumstance is said to have contributed to drive him from the country. As long, said my informant, as Sir Astley could find a case of disease in his horses, cows, sheep, or pigs, he was delighted, and attended them with all the interest and fidelity he would have shown to a human being, often trepanned the head of some favourite ram or ewe in search of the cause of its disease; but the moment he found his stock in perfect condition, he at once became unhappy, and sighed for his town-house and the wards of Guy's Hospital."—p. 22.

All this is complimentary. We cannot say so much of his description of some others. For example, Dr. Traill,—

"Of Professor Traill I saw little, either at the dinner or before. He is a short, thick, squat-looking man, with bushy, black head, and queer expression, skellies slightly out of one eye, and is very busy, bustling, and important. He had resided at Liverpool, and been transferred thence to Edinburgh, and to the chair of medical jurisprudence, which he fills, it is said, with more or less cleverness."

And our preceptors of the Edinburgh school—Drs. Home and Monro:—

"Dr. Home, the present professor of practice, and successor of the late celebrated Dr. James Gregory, was formerly professor of materia medica! He was never distinguished, however, as a teacher in that branch—being deficient in voice and manner, and had acquired so inveterate a habit of hemming, snuffling, hesitating, and recalling words, as to render his lectures very unpalatable to most of his hearers. Age, I found, had not corrected but increased these defects; and, as he never enjoyed private practice to any extent, and, indeed, seemed to have no turn for it, but depended altogether for his experience on a month or two of clinical attendance annually upon a few patients in the Royal Infirmary, I presume his lectures on the *practice of physic* cannot be very edifying to his pupils. He is, however, a man of fine education, extensive general information, solid professional acquirements, and, I believe, of most amiable feelings and respectable character. Though of too full habit, rather florid, and beyond seventy, he appears to enjoy good health, and may yet live for some years.

"Of Dr. Alexander Monro, tertius, the present professor of anatomy—descended, in a direct line, of a dynasty of professors, the son and grandson of two of the best anatomists, physicians, and teachers, that ever adorned any university, with opportunities unbounded of acquiring information—

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[1] *Gadesbridge*, near Hemel Hemstead, twenty-four miles from London.

from collections of human and comparative anatomy, the accumulation of ages, from extensive libraries transmitted by his ancestors, and from profuse stores of hereditary wealth—what shall we say? Neither more nor less than this—that it was, certainly, most extraordinary that any body of intelligent, respectable men, in the enlightened city of Edinburgh—at a time, too, when the celebrated John Bell was in the zenith of his glory as an anatomist and teacher; when Barclay, a man of intellect, with profound knowledge of the subject, was lecturing to large classes; and when young Gordon, a man of genius and of great promise, was just springing into notice—should make such an appointment, and without recollecting the classic lines,

> 'Genus et Proavos et quæ non fecimus ipsi
> Vix ea nostra voco.' "—p. 172.

MISCELLANEOUS NOTICES.

Medical School of Maine.—The catalogue of the past session contains the names of 62 students.

Professor Colhoun.—Died, on the 7th of April, Samuel Colhoun, M. D., Professor of Materia Medica in the Pennsylvania College. Professor Colhoun was a zealous teacher of his important branch. He was the editor of one or two useful works,—Gregory's Practice (with Dr. Potter of Baltimore), Prout on Calculus, &c. &c.

On Defective Closure of the Tricuspid Foramen as a frequent cause of Dropsy. By Peyton Blakiston, M. D., one of the Physicians to the General Dispensary, Birmingham.[1]—Various appearances found in the heart of patients affected with the dropsy, referred to that organ, have been generally considered as the real causes of the obstruction preceding the serous infiltration. Dr. Blakiston adduces instances from Bouillaud and Dr. Hope, and from his own observations, in which the aortic and mitral aperture had been very greatly narrowed, probably for a length of time, without producing dropsy till the near approach of death. The increase or diminution of the substance of the walls of the heart, and of the capacity of its cavities, he finds also to have occurred without dropsical symptoms. Agreeing with Dr. Hope in the frequent coincidence of hypertrophy and dilatation of the heart with dropsy, but considering that in such cases, when the proportion between all the cavities is preserved, no cause of obstruction can be recognised, he asks, is it not probable that some obstacle to the circulation, hitherto unobserved, is somehow connected with, if not dependent upon, the dilatation and hypertrophy? The dropsical effusion being, at least in most cases, more immediately dependent upon impediment to the venous circulation, points attention to the right side of the heart; and the dilatation of its cavities generally dilates also the right auri-ventral foramen. The author compares the statement of Hunter, Dr. Adams, and Mr. King, with his own observations respecting the degree to which the tricuspid valves close the foramen in the normal structure, and after some remarks on the dimensions of the heart's cavities, and of the valves, infers, that not only in permanent dilatation of the cavities, but also from shortening of the chordæ tendinæ, and from morbid adhesion of the valves to the walls of the heart, the closure of the tricuspid valves must be so imperfect as to allow regurgitation into the right auricle. As, however, the opinions of authors respecting the sufficiency of evidence in support of regurgitation in such cases are various, Dr. Blakiston proceeds to discuss this question, and inquires whether the pulsation of the jugular veins, nearly synchronous with the systole of the heart, can be admitted to be, according to Dr. Hope's opinion, independent of regurgitation. It is not unfrequently absent, Dr. Blakiston states, in hypertrophy of the right ventricle. He argues, however, that the *force* of pulsation is not the measure of the degree of regurgitation, but of the impulse from the right ventricle. If both ventricles be hypertrophied, the pulsation or shock will be great; if both be attenuated, the pulsation will be weak; while the obstruction to the circulation arising from the relative proportion between the power of the two ventricles is the same in each case, "both the venous current and that of the regurgitation fluid being derived from ventricular constriction." Of all the morbid appearances found in the heart in cases of cardiac dropsy, the deficient closure of the right auri-ventral aperture by the tricuspid valve, arising from different causes, is the only one which appears to be constantly present. The opinion of the author therefore is, that this defect is a frequent and direct cause of cardiac dropsy. "I would not be understood," says Dr. Blakiston, "as claiming that this deduction should be received as an established truth, but as bringing it forward, with the cases and facts on which it is based, in order that its accuracy may be tested by others." In conclusion, those numerous cases upon which Dr. Blakiston states his own opinions were formed, are perspicuously and concisely narrated, and the symptoms during life and the appearances after death, illustrating the subject of the paper, are placed in relief, so as to admit of easy comparison. Among them is detailed a case communicated to the author by Mr. Hodgson, of Birmingham, and a brief classified statement of morbid appearances in thirty-four cases of disease of the heart recorded by Bouillaud.

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[1] Royal Medical and Chirurgical Society, Jan. 12, 1841, Sir B. Brodie, Bart., President, in the chair. From the London Medical Gazette for January, 1841, p. 664.

At the conclusion of the paper, Dr. Budd asked if the author believed that the dilatation of the tricuspid orifice was essential to the occurrence of dropsy. On being answered in the negative, he said that the phenomena alluded to by Dr. Blakiston seemed to him to be only illustrations of the general fact, that in all cases of obstruction at any part of the heart, all the parts seated behind it in the course of circulation suffer dilatation, whether their valves were diseased or sufficient to close their respective orifices or not. The same fact was to be observed in many cases of stricture of the urethra, in which dilatation took place in the bladder, ureters, and kidneys, successively, although the valvular structure between the ureters and bladder remained uninjured.

Dr. Blakiston did not deny the influence of disease of one part of the heart in producing changes in another; the object of his paper, and of the cases it contained (but which were not read), was to show that there were many examples in which dropsy had occurred when the only apparent disease of the heart was the dilatation spoken of, while, on the other hand, there were many more of disease and obstruction of other orifices, or their valves, without dropsy having taken place; and thus to render it probable that in many cases this dilatation of the tricuspid orifice was the essential cause of the obstruction of the circulation, by the regurgitation of blood which it permitted in the systole of the right ventricle, and hence of the general dropsy.

Dr. Copland said that the opinion of dilatation of the tricuspid orifice being a cause of dropsy was not novel, but had been generally admitted, not only by M. Bouillaud, but by most of the modern writers on diseases of the heart. He had in his mind the cases of two medical men, in both of whom this was the only or the most remarkable change, and in both of whom the dropsy was general and excessive. As to the obstruction of the circulation producing dropsy, it was manifestly unimportant whether this was the effect of an actual and fixed mechanical cause, or of the regurgitation of blood through a constantly open orifice; in either case the ultimate result must be the same.

Dr. Mayo said that he thought the mode of testing the efficiency of the tricuspid valves described in the paper, and which consisted in the injection of water into the right ventricle, through the pulmonary artery, was not capable of affording any positive result. It was said that the water commonly passed between the valves; and this was what might have been expected. The efficiency of these valves depended on the action of the columnæ carnæ to which they are attached, and this, depending as it does on nervous influence, was lost with life. The tricuspid and mitral were not like the arterial valves, a kind of flood-gates, capable of being forced down by the force of any fluid directed against them, but were guided in all their movements by the contractions of the muscles belonging to them; and when these had ceased to act, it was impossible that the valves should exercise the same influence as before.

Dr. Marshall Hall thought that the attention was too exclusively directed to dropsy as a consequence of disease of the heart. Other effects, not less important, often resulted from it. He had lately had under his care a case in which, in consequence of disease of the heart, with obstruction on the left side, bronchitis had come on, with this remarkable character, that it was entirely without cough, though clearly discoverable by other signs. After a time hemoptysis ensued, and the patient expectorated considerable quantities of blood. Then the liver was found enlarging, and it attained a very considerable size, and then hemorrhage (not from hemorrhoids) occurred repeatedly from the intestines. On examination after death, pulmonary apoplexy was found; the enlargement of the liver was chiefly the result of congestion of the hepatic veins; there was excessive congestion of the veins of the intestines, and from these the hemorrhage had taken place. In cases of this kind the succession of events was plainly traceable, and in the midst of such a complication of symptoms the dropsy was of comparatively small importance. Here the first effect of the obstruction of the left side of the heart was congestion of the lungs, producing bronchitis, with effusion of fluid into the air tubes, and then, as it increased, pulmonary apoplexy; then followed obstruction at the right side of the heart, and on this the lividity of the face and upper part of the body, and the congestion of the liver, producing its enlargement. Next, the obstacle to the passage of blood through the liver was communicated to the blood of the portal veins, and from this resulted the great congestion of the intestines, the hemorrhage from the intestines, and the ascites. He had cases very similar in many respects to this, which were still under his care; and all tending to show that there were many other consequences of diseased heart which required notice as much as that which had in this paper exclusively occupied attention—namely, the dropsy.

Presentation of Plate to Dr. Forbes.[1]—Dr. Forbes is well known to our readers as the translator of Laennec, and the able editor of a quarterly review. At Chichester he has merited the additional fame of a skilful physician, and a good fellow-citizen.

On Tuesday, the 8th of December, as we learn from the Brighton Herald, a farewell dinner was given to Dr. Forbes, at the Dolphin Hotel, Chichester, at which plate to the value of nearly £300 was presented to him. The chair was filled by William Charles Newland, Esq., supported by Admiral Thompson, and about sixty other gentlemen. After the chairman had presented the plate on behalf of himself and the other subscribers, Dr. Forbes thanked him for this mark of their esteem in a very agreeable and manly strain. He neither assumed to himself all the praise implied in so distinguished a gift, nor did he wholly reject it; but was rather inspired by the genial consciousness that so great a chorus of approbation could not be founded in error.

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[1] London Medical Gazette, December 18, 1840.

The plate was presented "in testimony of his character, and in gratitude for his zealous and indefatigable exertions in behalf of the Chichester Infirmary."

NECROLOGY.

Sir Astley Cooper.—This distinguished surgeon, whose fame will exist as long as the annals of British surgery, died on the 12th of February, in the 73d year of his age. Sir Astley was one of the most distinguished surgeons that ever lived. Although his intellectual powers were not commanding, they were respectable; and his great opportunities for observation gave him a facility for forming an opinion as to diagnosis and treatment, which have been rarely exceeded.

He amassed a large fortune from the proceeds of his professional labours; originated some important improvements in surgery; and was the author of works of splendour and value.

As a lecturer he was not pre-eminent. His style was faulty, and his language often inelegant; yet he condensed into his lectures a vast amount of important information.

Few men have lived who have deserved so well of their profession or of the public.

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